

**21 Reade Place ASC, LLC (Bridgeview Endoscopy)**

**SITE INFORMATION**

**Alternate contact:** Sunil Khurana, M.D., Managing Member

**Email address:** [skhurana@premiermedicalhv.com](mailto:skhurana@premiermedicalhv.com)

**Type of Application:** Establishment  Construction  Administrative  Limited

**Total Project Cost:** \$13,454,909

**Main Site Information:**

21 Reade Place ASC, LLC (Bridgeview Endoscopy)  
21 Reade Place, Poughkeepsie (Dutchess County), New York 12601  
PFI No. 9705

**Project Site Information:**

Bridgeview Endoscopy - Fishkill  
TBD Snook Road, Fishkill (Dutchess County), New York 12524  
PFI No. TBD

**Site Proposal Summary (maximum of 1,000 characters):**

21 Reade Place ASC, LLC is submitting this Full Review Certificate of Need Application to certify and construct a single-specialty (gastroenterology) extension clinic of an existing freestanding ambulatory surgical center.

**Modify Name/Address:**

Current Name/Address: N/A

Proposed Name: Bridgeview Endoscopy - Fishkill

Proposed Address: TBD Snook Road, Fishkill (Dutchess County), New York 12524

**Beds:**

N/A

**Services:**

Please provide table of existing and proposed services (similar to Schedule 16/17).

| LOCATION:<br>TBD Snook Road<br>Fishkill (Dutchess County), New York 12524<br><i>(Enter street address of facility)</i> |                          |                                     |                          |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | Existing                 | Add                                 | Remove                   | Proposed                            |
| AMBULATORY SURGERY - SINGLE-SPECIALTY - GASTROENTEROLOGY   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Remove Site:**

N/A

**New York State Department of Health  
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

**Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.**

**Table A.**

| <b>Diagnostic and Treatment Centers for HEIA Requirement</b>   | <b>Yes</b>                          | <b>No</b>                           |
|--|-------------------------------------|-------------------------------------|
| Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

- ***If you checked "no" for both questions in Table A, you do not have to complete Section B - this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked "yes" for either question in Table A, proceed to Section B.***

**Section B. All Article 28 Facilities**

**Table B.**

| <b>Construction or equipment</b>   | <b>Yes</b>               | <b>No</b>                           |
|--|--------------------------|-------------------------------------|
| Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following:<br>a. Elimination of services or care, and/or;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?<br><i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| <b>Establishment of an operator (new or change in ownership)</b>  | <b>Yes</b>                          | <b>No</b>                           |
|---|-------------------------------------|-------------------------------------|
| Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following:<br>a. Elimination of services or care, and/or;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Change in location of services or care?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>  | <b>Yes</b>                          | <b>No</b>                           |
| Is the project a transfer of ownership in the facility that will result in one or more of the following:<br>a. Elimination of services or care, and/or;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Change in location of services or care?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Acquisitions</b>   | <b>Yes</b>                          | <b>No</b>                           |
| Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following:<br>a. Elimination of services or care, and/or;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Change in location of services or care?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>All Other Changes to the Operating Certificate</b>   | <b>Yes</b>                          | <b>No</b>                           |
| Is the project a request to amend the operating certificate that will result in one or more of the following:<br><br>a. Elimination of services or care;<br>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;<br>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or;<br>d. <u><b>Change in location of services or care?</b></u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

\*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest
  - HEIA Contract with Independent Entity
  - HEIA Template

- o HEIA Data Tables
  - o Full version of the CON Application with redactions, to be shared publicly
- *If you checked "no" for all questions in Table B*, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

## **EXECUTIVE SUMMARY**

21 Reade Place ASC, LLC doing business as Bridgeview Endoscopy (Bridgeview) is submitting this Full Review Certificate of Need (C.O.N.) Application seeking approval to certify and construct a single-specialty (gastroenterology) extension clinic of its existing single-specialty (gastroenterology) freestanding ambulatory surgical center (FASC), which is located at 21 Reade Place, Poughkeepsie (Dutchess County), New York 12601. The proposed extension clinic will be fit-out in a to-be-constructed building located on Snook Road, Fishkill (Dutchess County), New York 12524, which is approximately 13.5 miles and 27 minutes' travel time from Bridgeview's main FASC site. This project includes a Health Equity Impact Assessment.

This project is driven by two (2) components: 1) it will convert one (1) existing private office-based surgical practice into a single-specialty Article 28 FASC extension clinic; and 2) it will enable Bridgeview to relocate existing gastroenterology cases from its main FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients. The proposed Article 28 FASC extension clinic will have four (4) procedure rooms.

Two (2) local physicians have committed to perform procedures at this proposed FASC extension clinic, which they currently perform in their private practice. These physicians' patients who will be treated at the extension clinic reside in the surrounding area of the extension clinic and are existing patients of the participating physicians' private practice. This project will provide convenient access to surgical care in an Article 28 setting for patients who are currently receiving this surgical care in a private physician office-based surgical practice. None of the projected cases are currently being performed in hospitals.

The building the extension clinic will occupy will be owned by Fishkill Medical Park ASC, LLC. Upon approval of this Application, Fishkill Medical Park ASC, LLC will ultimately deliver a core and shell building to the applicant to fit-out the extension clinic, which will take approximately nine (9) months to complete.

# New York State Department of Health Certificate of Need Application

## Schedule 1

The applicant must identify the operator's chief executive officer, or equivalent official.

|                        |                                      |                               |       |
|------------------------|--------------------------------------|-------------------------------|-------|
| <b>CHIEF EXECUTIVE</b> | NAME AND TITLE                       |                               |       |
|                        | Sunil Khurana, M.D., Managing Member |                               |       |
|                        | BUSINESS STREET ADDRESS              |                               |       |
|                        | 21 Reade Place                       |                               |       |
|                        | CITY                                 | STATE                         | ZIP   |
|                        | Poughkeepsie                         | New York                      | 12601 |
| TELEPHONE              |                                      | E-MAIL ADDRESS                |       |
| (845) 471-9410         |                                      | skhurana@premiermedicalhv.com |       |

The applicant's lead attorney should be identified:

|                 |                              |  |                      |  |
|-----------------|------------------------------|--|----------------------|--|
| <b>ATTORNEY</b> | NAME                         |  | FIRM                 | BUSINESS STREET ADDRESS  |
|                 | Kimberly Kempton Serra, Esq. |  | Garfunkel Wild, P.C. | 900 Stewart Avenue, 4th Floor  |
|                 | CITY, STATE, ZIP             |  | TELEPHONE            | E-MAIL ADDRESS   |
|                 | Garden City, NY 11530        |  | (201) 518-3403       | <a href="mailto:kkempton@garfunkelwild.com">kkempton@garfunkelwild.com</a> |

If a consultant prepared the application, the consultant should be identified:

|                   |                        |  |                              |                                   |
|-------------------|------------------------|--|------------------------------|-----------------------------------|
| <b>CONSULTANT</b> | NAME                   |  | FIRM                         | BUSINESS STREET ADDRESS           |
|                   | Frank M. Cicero        |  | Cicero Consulting Associates | 925 Westchester Avenue, Suite 201 |
|                   | CITY, STATE, ZIP       |  | TELEPHONE                    | E-MAIL ADDRESS                    |
|                   | White Plains, NY 10604 |  | (914) 682-8657               | conadmin@ciceroassociates.com     |

The applicant's lead accountant should be identified:

|                   |                  |  |           |                         |
|-------------------|------------------|--|-----------|-------------------------|
| <b>ACCOUNTANT</b> | NAME             |  | FIRM      | BUSINESS STREET ADDRESS |
|                   | N/A              |  |           |                         |
|                   | CITY, STATE, ZIP |  | TELEPHONE | E-MAIL ADDRESS          |
|                   |                  |  |           |                         |

Please list all Architects and Engineer contacts:

|                                  |                        |  |                             |  |
|----------------------------------|------------------------|--|-----------------------------|--|
| <b>ARCHITECT and/or ENGINEER</b> | NAME                   |  | FIRM                        | BUSINESS STREET ADDRESS  |
|                                  | Michael McCormack      |  | Liscum McCormack Vanvoorhis | 181 Church Street  |
|                                  | CITY, STATE, ZIP       |  | TELEPHONE                   | E-MAIL ADDRESS   |
|                                  | Poughkeepsie, NY 12601 |  | (845) 452-2268              | <a href="mailto:mmccormack@lmvarchitects.com">mmccormack@lmvarchitects.com</a> |

|                                  |                  |  |           |                         |
|----------------------------------|------------------|--|-----------|-------------------------|
| <b>ARCHITECT and/or ENGINEER</b> | NAME             |  | FIRM      | BUSINESS STREET ADDRESS |
|                                  | N/A              |  |           |                         |
|                                  | CITY, STATE, ZIP |  | TELEPHONE | E-MAIL ADDRESS          |
|                                  |                  |  |           |                         |

**New York State Department of Health  
Certificate of Need Application**

**Other Facilities Owned or Controlled by the Applicant**  
*Establishment (with or without Construction) Applications only*

**NYS Affiliated Facilities/Agencies**

**NOT APPLICABLE**

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

| FACILITY TYPE - NEW YORK STATE     | FACILITY TYPE |   |
|------------------------------------|---------------|---|
| Hospital                           | HOSP          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Nursing Home                       | NH            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Diagnostic and Treatment Center *  | DTC           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Midwifery Birth Center             | MBC           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Licensed Home Care Services Agency | LHCSA         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Certified Home Health Agency       | CHHA          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Hospice                            | HSP           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Adult Home                         | ADH           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Assisted Living Program            | ALP           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Long Term Home Health Care Program | LTHHCP        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Enriched Housing Program           | EHP           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Health Maintenance Organization    | HMO           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other Health Care Entity           | OTH           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

| Facility Type | Facility Name | Operating Certificate or License Number | Facility ID (PFI) |
|---------------|---------------|---|-------------------|
|---------------|---------------|---|-------------------|

**Out-of-State Affiliated Facilities/Agencies N/A**

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

| Facility Type | Name | Address | State/Country | Services Provided |
|---------------|------|---------|---------------|-------------------|
|---------------|------|---------|---------------|-------------------|

In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

1. Member Resolution
2. Project Narrative

Exhibit A

**RESOLUTION OF THE MEMBERS OF  
KVBDA, LLC  
February 19, 2026**

**WHEREAS, KVBDA, LLC (“KVBDA”),** the sole Member of 21 Read Place ASC, LLC, d/b/a Bridgeview Endoscopy (the “LLC”), which owns and operates an endoscopy center located at 21 Read Place, Poughkeepsie New York (the “Bridgeview Center”) is developing a new endoscopy center to be located in Fishkill, New York (“Fishkill Center”); and

**WHEREAS,** the Members of KVBDA find that it is desirable and in the best interest of the LLC for the LLC to submit a certificate of need application to the New York State Department of Health seeking approval to build and operate the Fishkill Center as an extension clinic (the “CON Application”) and to take such reasonably necessary actions in furtherance of the CON Application.

**NOW, THEREFORE** be it **RESOLVED**, by the Members of KVBDA, the sole Member of the LLC, that:

1. The LLC is hereby authorized to submit the CON Application and pay all reasonably necessary fees and costs associated therewith;

2. The LLC is hereby authorized do all such acts, and to execute and deliver all such agreements, documents, instruments, undertakings or certificates, as may be useful or necessary to (a) assist and support approval of the CON Application; (b) obtain all necessary state and local governmental approvals to operate the Fishkill Center, and (c) give or undertake security, assurances or obligations in connection with the foregoing;

3. The officers and directors of KVBDA and the LLC are, and each of them hereby is, authorized in the name and on behalf of the LLC to prepare, execute, and deliver, or cause to be prepared, executed, and delivered, and where necessary or appropriate, to file, or cause to be filed, with the appropriate administrative of governmental authorities, all such other agreements, papers, instruments, documents, and certificates appropriate to effectuate the purpose and intent of the CON Application and these resolutions; and all such agreements, papers, instruments, documents, and certificates as may be executed by any such officer or director pursuant to the authorization granted in these resolutions or to carry out the actions contemplated hereby;

4. The authority given hereunder shall be deemed retroactive to and any and all acts relating to the subject matter of these resolutions and acts of the LLC prior to the passage of these resolutions, and all such actions are hereby approved, adopted, ratified and confirmed in all respects; and

5. This written consent may be executed in several counterparts, each of which shall be deemed an original, but all of which shall constitute one (1) and the same written consent, and a signature to this written consent which may be sent by facsimile or other electronic transmission shall be deemed to constitute an original and fully effective signature.

## **PROJECT NARRATIVE**

### **I. INTRODUCTION**

#### **Proposal**

21 Reade Place ASC, LLC doing business as Bridgeview Endoscopy (Bridgeview), an existing single-specialty (gastroenterology) Freestanding Ambulatory Surgery Center (FASC) (PFI No. 9705) located at 21 Reade Place, Poughkeepsie (Dutchess County), New York 12601, is submitting this Full Review Certificate of Need (C.O.N.) Application seeking approval to certify and construct a single-specialty (gastroenterology) FASC Extension Clinic. The proposed extension clinic will be fit-out in a to-be-constructed building located on Snook Road, Fishkill (Dutchess County), New York 12524, which is approximately 13.5 miles and 27 minutes' travel time from Bridgeview's main FASC site.

This project is driven by two (2) components: 1) it will convert one (1) existing private office-based surgical practice (consisting of two (2) physicians), which is located in New Windsor (Orange County), New York, into a single-specialty Article 28 FASC extension clinic; and 2) it will enable Bridgeview to relocate approximately 2,800 existing gastroenterology cases from its main FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients.

This project will result in operational efficiencies, improved patient experience and high-quality surgical care across both sites. Upon approval of this Application, the surgical component of the private practice will close; however, the practice will continue to provide consultations, follow-up and pre- and post-procedure appointments. The proposed Article 28 extension clinic will have four (4) procedure rooms and will be located on Snook Road, Fishkill (Dutchess County), New York 12524.

Sunil Khurana, M.D. (License No. 143056), who is the managing member of 21 Reade Place ASC, LLC and is a board-certified gastroenterologist, is the existing and approved Medical Director of Bridgeview and will continue to serve as the Medical Director as well as perform gastroenterology procedures at the proposed extension clinic.

The two (2) new physicians (Arif Muslim, M.D. and Majed Zouhairi, M.D., AGAF) have committed to perform procedures at this proposed FASC extension clinic, which they currently perform at their private practice at 955 Little Britain Road, New Windsor (Orange County), New York, which is approximately 13.1 miles and 20 minutes' travel time from the proposed extension clinic, as depicted in the volume commitment letters under Appendix A to this Project Narrative. These physicians' patients, who will be treated at the proposed extension clinic, reside in the surrounding areas of the proposed extension clinic and are existing patients of the participating physicians' private practice. This project will provide convenient access to surgical care in an Article 28 setting for patients who are currently receiving this surgical care in a private physician office-based surgical practice. None of the projected cases are currently being performed in hospitals. After the extension clinic is constructed and opens, the participating physicians will continue to be on call at the hospitals they currently serve; will continue to see patients at the hospital with which they are affiliated; and will continue to perform inpatient and ambulatory procedures that are more appropriately performed in a general hospital setting at the hospital with which they are affiliated. The applicant has an existing and approved Transfer and Affiliation Agreement in place with Vassar Brothers Medical Center, which will be extended to this new extension clinic.

The applicant is committed to serving all persons in need without regard to race, sex, age, religion, creed, sexual orientation, source of payment, ability to pay, or other personal characteristics or qualification. The applicant understands that it must provide its fair share of charity care and care to underserved populations and is proposing to do so in this Application. As evidence of this commitment, the operating budget included in Schedule 13 reflects that 2% of the procedures the

extension clinic will perform will be for charity care recipients and 5% of the procedures the extension clinic will perform will be for Medicaid recipients. The payer mix for this project was determined based on the participating physicians' existing payer mix in their private practice and Bridgeview's existing payer mix. Please refer to Appendix B to this Project Narrative for the Charity Care and Medicaid Action Plan.

The applicant will continue to assume full responsibility for determining, implementing and monitoring policies governing the extension clinic's program and operation and for ensuring that these policies are administered in a manner that will provide high-quality health care in a safe environment, with equal access for all persons.

The extension clinic's mission will be to provide both patients and surgeons with unparalleled service, comfort, convenience and setting. The applicant is dedicated to providing high-quality, cost-effective and comprehensive outpatient surgical procedures for its patients. It will continue to serve as a community resource, dedicated to patients and their families, and is committed to providing compassionate, state-of-the-art care in a cost-effective manner. The extension clinic will have a variety of amenities and patient care quality and convenience factors that will ensure that it will provide high-quality care and service.

As discussed in greater detail below, this application addresses the most current requirements for demonstrating need for FASCs in New York State. Most importantly, the extension clinic will bring existing procedures into the regulatory environment of Article 28, thus providing a measure of compliance with the latest standards of safe health care delivery. Furthermore, this project will bring necessary economic stability and continue needed services in the community. The following sections document the architectural and site control highlights of the project, the need for the proposed services and the proposed programmatic considerations.

### **Architectural Information and Site Control**

This project will create a single-specialty FASC extension clinic specializing in gastroenterology. The extension clinic will have four (4) procedure rooms, as well as preoperative and recovery areas and appropriate support functions in full compliance with 10 New York Codes Rules and Regulations (10 NYCRR). The extension clinic will occupy approximately 11,585 square feet of space on the ground floor level of a to-be-built building on Snook Road, Fishkill (Dutchess County), New York 12524. The extension clinic will be the sole occupant of the building and thus be in separate and distinct space from any other entity (please refer to the separate and distinct statement under the Schedule 17 Attachment). The fit-out of the proposed FASC extension clinic will take approximately nine (9) months to complete. Please refer to Schedule 6 and the Schedule 6 Attachments for pertinent architectural information.

The building the extension clinic will occupy will be owned by Fishkill Medical Park ASC, LLC (Landlord). Fishkill Medical Park ASC, LLC is owned by Fishkill Medical Park ASC Holdings, LLC, an entity owned by two (2) other entities, SSNV Realty, LLC and KMP-Fishkill, LLC. SSNV Realty, LLC is a realty entity owned by 11 of the 12 physician members of 21 Reade Place ASC, LLC. KMP-Fishkill, LLC is a realty entity owned by members of Kirchhoff Builders, LLC, the developer of this project. Upon approval of this Application, Fishkill Medical Park ASC, LLC will ultimately deliver a core and shell building to the applicant to fit-out the extension clinic. The Total Project Cost in this Application includes the cost to fit-out the ASC extension clinic only. All other costs, such as land acquisition, core and shell, site development, and related expense are borne by the landlord/building owner and are not part of this project. The lease for this site is between Fishkill Medical Park ASC, LLC, as Lessor, and 21 Reade Place ASC, LLC, as Lessee, and is a non-arm's-length agreement based on the above description of the building ownership. Please refer to the Schedule 9 Attachment for site control documentation.

## II. PUBLIC NEED

21 Reade Place ASC, LLC proposes to establish a new gastroenterology-focused ambulatory surgery center extension clinic on Snook Road in Fishkill (Dutchess County), New York, to provide timely, local access to gastroenterology services. The need for this extension clinic is driven by persistent capacity constraints at Bridgeview's existing main FASC site in Poughkeepsie. Although Bridgeview has 12 physician owners/providers, it operates with only two (2) procedure rooms and performs more than 9,000 procedures annually—an intensity of use that far exceeds the New York State Department of Health's guideline of 800–1,200 procedures per room per year (4,500 procedures per room per year). That imbalance has produced long wait lists, limited availability for urgent cases, and operational strain as physicians split their time between surgical sessions and office follow-up care. Patients routinely face late-day colonoscopy appointments that are undesirable for many and contribute to missed or delayed screenings.

The proposed extension clinic in Fishkill, designed with four (4) procedure rooms, will materially expand regional capacity and relieve the bottleneck at the Poughkeepsie site. By distributing procedural volume across two (2) locations, the Applicant will be able to reduce wait times, eliminate sub-optimal scheduling practices, and restore more predictable, patient-centered hours—addressing both clinical quality and patient preference for earlier appointment times. The Applicant cannot simply reduce hours or close the main site without imposing significant travel hardships on patients; the Fishkill extension clinic is therefore essential to enable a sustainable, high-quality schedule at both locations.

Geographically, the proposed facility responds to a clear gap in access for southern Dutchess County and nearby communities in Orange and Putnam Counties. Stakeholders in the region have repeatedly identified southern Dutchess County as underserved for gastroenterology screening services, with many residents forced to travel to Poughkeepsie for care. Those travel requirements create transportation barriers that disproportionately affect lower-income and otherwise underserved

populations, contributing to disparities in preventive screening and timely diagnosis. Locating an endoscopy center in Fishkill will reduce travel burdens, expand access for patients across socioeconomic backgrounds, and improve the likelihood that screening recommendations are followed.

Demand for colonoscopy services is rising further because screening guidelines now recommend beginning colorectal cancer screening at age 45, increasing the pool of eligible patients. Bridgeview's current infrastructure cannot absorb this additional demand without compromising access or quality. Ambulatory surgery centers are widely recognized as efficient, cost-effective settings for same-day endoscopic procedures; they typically offer shorter wait times, lower costs, and strong patient outcomes compared with hospital-based alternatives. The proposed Fishkill site will therefore not only increase capacity but also deliver care in a setting that supports efficiency, affordability, and high-quality outcomes.

In summary, the development of a new extension clinic in Fishkill is a necessary and timely response to documented community need. It will expand endoscopic capacity in a clearly underserved area, reduce wait times and scheduling pressures at the existing Bridgeview site, mitigate transportation and access barriers for vulnerable populations, and support earlier detection and treatment of gastrointestinal disease across Dutchess, Orange, and Putnam Counties. Please refer to the Health Equity Impact Assessment that is included with this Application for further information.

### **Service Area**

The proposed extension clinic will be located in Fishkill (Dutchess County), New York and will serve patients from southern Dutchess County, northeast Orange County and parts of northern Putnam County. For C.O.N. Application purposes, the primary service area (PSA) for the proposed extension clinic is Dutchess County. Dutchess County is moderately more populous, older, and wealthier than New York State overall, with higher home-ownership and educational attainment but a

less racially diverse profile; these characteristics point to steady local demand for age-related health services such as gastroenterology screening. According to U.S. Census data, Dutchess County is home to roughly 298,000 residents, compared with New York State's population of more than 19 million; the county's population is therefore small relative to the State but large enough to sustain a regional health care market. The county's median age is 42.5 years, which is older than the State median and reflects a larger share of middle-aged and older adults. Approximately 20% of Dutchess residents are age 65 or older, and approximately 43% of Dutchess residents are age 45 or older, a proportion that exceeds Statewide averages and signals growing demand for preventive and diagnostic services tied to aging. Dutchess County's median household income (about \$99,000) is higher than the New York State median, and per-capita income is also modestly above State levels. Poverty rates in Dutchess (around 8%) are lower than the State average, indicating a relatively strong local payer mix and household resources. These economic indicators suggest the county can support outpatient specialty services while still containing subpopulations that face access barriers. Educational attainment in Dutchess County is comparatively high: roughly 40% of adults hold a bachelor's degree or higher, a rate that meets or slightly exceeds Statewide levels. Higher educational attainment often correlates with greater health literacy and preventive care utilization, which can increase local demand for screening services when capacity is available. Dutchess County is predominantly White (roughly 70%) with Hispanic/Latino and Black residents representing sizable minority groups; the county is less racially and ethnically diverse than New York State as a whole. This demographic mix underscores the need for culturally competent outreach but also indicates different patterns of health service use across subgroups. The uninsured rate in Dutchess County is low (approximately 4.5%), similar to or slightly better than many parts of the State, which supports a stable insurance base for outpatient services. At the same time, transportation and geographic access remain important qualitative barriers in southern parts of the county; stakeholders report that residents often travel to Poughkeepsie for specialty care, creating delays and missed screenings for those with limited mobility or transit options.

Taken together, Dutchess County's older age profile, higher income and education levels, high home-ownership, and low uninsured rate create a favorable environment for expanded ambulatory gastroenterology services, while persistent geographic and transportation barriers in southern Dutchess justify locating additional capacity closer to underserved communities. The residents of Dutchess County have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this application. Please refer to the Health Equity Impact Assessment provided with this Application for a detailed demographic analysis of the population to be served by this project.

### **Public Need for Additional Ambulatory Surgery in Dutchess County**

The applicant has addressed the need criteria in Section 709.5(d) of 10 NYCRR. These criteria are:

1. **Section 709.5 (d) (1): Written Documentation of Utilization and Feasibility**

The applicant has committed in writing to perform procedures that may appropriately be performed in a freestanding venue at the proposed extension clinic. As depicted in the operating budget under Schedule 13, the extension clinic expects to perform 3,675 procedures in Year 1 and 4,900 procedures by Year 3 as it ramps up operations in the years after opening toward the total number of expected procedures. Between the main site and this proposed extension clinic, Bridgeview anticipates it will perform approximately 11,000 procedures, which equates to approximately 1,800 procedures per room between the two (2) sites, which is much more manageable and closer in line with the New York State Department of Health's guideline of 800–1,200 procedures per room per year. This projection is based on the participating physicians' current caseload and their commitment to bring procedures to the extension clinic and to Bridgeview's commitment and need to relocate cases from its main D&TC/FASC site to relieve capacity issues. The volume proposed in this project is indicative of the existing demand for the services contemplated in this Application. The applicant expects to continue to experience annual increases to the number of procedures to account for

the projected increases in the age 45 and over cohort in Dutchess County as well. Please refer to Appendix A to this Project Narrative for the surgeon letters of commitment.

The financial feasibility of this project, given the above utilization projections, is demonstrated by the operating budget presented under the Schedule 13 Attachment. The extension clinic will have positive operating income beginning in Year 1 and continuing forward. The types of procedures projected are those covered under 10 NYCRR Section 86-4.40, Products of Ambulatory Surgery, and by the Centers for Medicare and Medicaid Services (CMS). Reimbursement rates reflect current and projected Federal and State government rates, with other payers reflecting adjustments based on experience in the region. The payer mix for this project was determined based on the participating physicians' existing payer mix in their private practice and the existing per mix at Bridgeview's main D&TC/FASC site. The participating physicians are committed to continue to provide access to traditionally underserved patients by providing care to charity and Medicaid recipients as depicted in the operating budget. Expenses are in line with the applicant's experience at its main D&TC/FASC site. In summary, the projected utilization will result in a financially feasible operation under current and projected reimbursement and expense norms in New York State for FASCs.

2. Section 709.5 (d) (2): Written Documentation of Access for Under-served/Rural Populations

The applicant commits that all patients will be treated on the basis of need for the procedures, without discrimination due to any personal characteristics or ability to pay. The applicant has developed a Mission Statement and has developed a sliding fee scale. As previously discussed, the age 45 and over cohort of Dutchess County is prevalent, further justifying the need to provide services to the residents of this area. The residents of Dutchess County have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this Application. The proposed

extension clinic will provide access to surgical services throughout the community it serves, in addition to the charity care it provides through free procedures.

The proposed extension clinic, through its architectural design, will also address the needs of handicapped persons, including persons with visual impairments (signs and forms in large print), hearing impairments (TTY, and sign-language interpreter service, if available in the local area) and other physical impairments (handicapped accessible entrances and toilets). Finally, the proposed extension clinic will enhance access through its location, which is easily reached by major roads and public transportation.

3. Section 709.5 (d) (3): Written Documentation of Patient Service Regardless of Ability to Pay

The applicant commits to providing charity care for persons without the ability to pay, and to utilize a sliding fee scale for persons who are unable to pay the full charge for services or are uninsured. The proposed budget projects that 2% of all procedures will be for persons requiring charity care and 5% of all procedures will be for Medicaid recipients. In addition, the proposed hours and days of operation should promote the opportunity to use this service for all persons in need of surgical procedures. Finally, admission for services will be based solely on medical need; ability to pay will not be a factor.

4. Section 709.5 (d) (4): Written Documentation of Safe Service

Project Narrative Section III, Programmatic Considerations, documents the applicant's willingness and ability to serve patients in a safe manner. All of the services are designed in accordance with Part 755 of 10 NYCRR. In addition, the applicant is committed to seeking accreditation for the proposed extension clinic from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (similar to its main D&TC site) within two (2) years of becoming operational.

### **Service Availability**

According to the NYS Department of Health/Health Data NY, there are five (5) existing FASCs in Dutchess County (including Bridgeview's main D&TC site). One (1) is a multi-specialty FASC; one (1) specializes in eye surgery; and one (1) specializes in orthopedic surgery. There are two (2) gastroenterology FASCs (Bridgeview and Hudson Valley Endoscopy Center). As depicted on the FASC utilization table under Appendix C to this Project Narrative, most of the FASCs are well-utilized. Although there is one (1) other FASC in the general vicinity of the proposed FASC extension clinic, the primary purpose of this Application is to bring existing procedures that are being performed in the participating physicians' office-based surgical practices into the regulatory environment of Article 28, thus providing a measure of compliance with the latest standards of safe health care delivery, and to alleviate the capacity constraints, scheduling issues and an overflow of patients at Bridgeview's main site.

### **Alignment with the NYSDOH Prevention Agenda**

The applicant has been keeping apprised of updates to the New York State Prevention Agenda (most recently the development of the 2025-2030 Prevention Agenda). Expanding gastroenterology services in southern Dutchess County directly advances the NYS Prevention Agenda 2025–2030 by improving Health Care Access and Quality, preventing chronic disease through earlier colorectal cancer screening, and advancing health equity for underserved populations. The Fishkill FASC extension clinic will increase local screening capacity, reduce travel and scheduling barriers, and support Prevention Agenda goals to prevent chronic disease and address social determinants of health. The Prevention Agenda 2025–2030 centers on reducing health disparities and preventing chronic disease by addressing social determinants of health and improving access to high-quality care. The plan groups priorities into domains such as Health Care Access and Quality and Prevent Chronic Diseases, and it emphasizes foundations of health equity and prevention across the lifespan. Establishing a local endoscopy center in Fishkill aligns with these Statewide priorities by expanding capacity for evidence-based cancer screening and by locating services closer to communities that

currently face geographic and transportation barriers. Colorectal cancer prevention is a specific, measurable focus of the Prevention Agenda's chronic disease work. NYS DOH has urged screening beginning at age 45 and highlighted gaps in screening rates and rising incidence among younger adults; increasing local colonoscopy capacity directly supports the State's objective to raise screening uptake and detect disease earlier when outcomes are better. By adding four (4) procedure rooms in Fishkill, the Applicant will relieve capacity constraints at the Poughkeepsie site, shorten wait times, and make it easier for patients to complete recommended screening on schedule—actions that map to Prevention Agenda strategies for increasing preventive service use. The Prevention Agenda emphasizes health equity and addressing social drivers such as transportation, economic stability, and neighborhood access. Southern Dutchess County stakeholders have identified transportation and travel time to Poughkeepsie as barriers to screening; a Fishkill clinic reduces travel burden for residents of southern Dutchess, northeastern Orange, and northern Putnam Counties, thereby lowering a non-clinical barrier to preventive care. Locating services within the community also enables targeted outreach, culturally competent navigation, and partnerships with local public health and community organizations—approaches the Prevention Agenda recommends to reduce disparities.

Ambulatory surgery centers are recognized for delivering same-day procedures more efficiently and at lower cost than hospital settings, which supports the Prevention Agenda's goal of improving Health Care Access and Quality through system-level improvements. The Fishkill ASC's capacity and operational model will permit earlier appointment times, reduce scheduling conflicts, and improve continuity between procedural and office care—practical improvements that translate into higher screening completion rates and better patient experience.

In summary, the proposed expansion is consistent with the Prevention Agenda's measurable aims: it increases local capacity for colorectal cancer screening, reduces access barriers tied to social determinants, and creates opportunities for community-focused prevention strategies. These changes

support Statewide objectives to prevent chronic disease, advance health equity, and improve access to quality preventive services.

### **Summary**

The applicant believes the effort and experience of its members and physicians will result in improved quality of care for Dutchess County patients who are suitable candidates for the services the proposed extension clinic will provide. As previously mentioned, the residents of Dutchess County have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this Application.

## **III. PROGRAMMATIC CONSIDERATIONS**

### **Purpose, Philosophy and Administration**

Procedures will be performed under local and general anesthesia, when necessary, or conscious sedation and will not require an overnight stay in an acute care hospital. The operational components of the extension clinic will comply with all applicable codes, including 10 NYCRR Parts 750, 751, 752 and, in particular, Part 755.

The proposed extension clinic will be located on Snook Road, Fishkill (Dutchess County), New York 12524. The facility will be constructed to comply with applicable State, Federal and local codes. Please refer to the Schedule 6 Attachment for the pertinent architectural documents.

The proposed extension clinic will be open Monday through Friday from 7:00 a.m. to 3:30 p.m. As the extension clinic matures, it is expected that an expanded operating schedule will be maintained to accommodate the needs of both patients and physicians. Weekend and/or evening procedures will be made available, if needed, to accommodate patient scheduling issues.

In case of an emergency, the extension clinic will utilize the local 911 system, which will ensure that the patient is transported as rapidly as possible to the nearest emergency room. If an emergency occurs while the patient is at the extension clinic, a clinical staff member of the extension clinic, when appropriate, will escort the patient to the hospital. If emergencies arise after the patient has left the facility and the patient is unable to contact his/her private physician, he/she will have been provided with the telephone number of the extension clinic for immediate assistance. If the patient requires assistance during hours when the extension clinic is not in operation, the patient will have the phone number of an on-call service, which will be available 24 hours per day, seven (7) days per week, to immediately refer the patient to the extension clinic's on-call physician, who will be a member of the extension clinic's credentialed medical staff.

Administrative policies and procedures in compliance with Parts 751 and 755 and, in particular, Section 755.2 of 10 NYCRR, will be developed, maintained and enforced in the extension clinic. Included within these policies will be the following:

- Admissions Policy, which will include criteria used to accept or reject a patient for service (including a statement that no person will be denied access to service because of age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, source of payment, ability to pay or any other personal characteristic or qualification). Charity care will be provided. Patients will also be advised regarding their rights and counseled concerning informed consent to the procedure;
- Program for credentialing and re-credentialing of physicians;
- Quality Assurance Program development and continuous improvement;
- List of approved procedures to be performed at the extension clinic, which will be reviewed on an ongoing basis and revised as appropriate;
- Schedule of charges for each procedure; and
- Policy for the identification, documentation and recording in the patient's medical record of complications from any procedure or anesthesia.

An administrative plan will be developed that will include goals and objectives, an operating budget, and the proposed process for developing policies and procedures. The extension clinic, with a designated Administrator, will operate in a manner designed to fulfill the proposed goals and objectives and assure the provision of quality ambulatory surgical services.

Sunil Khurana, M.D. (License No. 143056), who is the managing member of Bridgeview and is a board-certified gastroenterologist, is the existing and approved Medical Director of Bridgeview and will continue to serve as the Medical Director as well as perform gastroenterology procedures at the proposed extension clinic. The Medical Director is:

- 1) Qualified to assume professional, organizational and administrative responsibility for the quality of patient care;
- 2) Directs all medical services and oversee the credentialing and re-credentialing of all physicians;
- 3) A physician licensed and currently registered with the New York State Department of Education;
- 4) Ensures the development and implementation of the Quality Assurance Program;
- 5) Has the final authority to accept or reject a patient for a procedure when anesthesia is required;
- 6) Supervises all services provided by the physician and non-physician employees within the pre-surgery, holding, surgery, post-surgery and recovery areas; and
- 7) Maintains the emergency capabilities of the extension clinic, with support from the Administrator.

Furthermore, the Medical Director will be responsible for the development of Medical Staff bylaws, rules and regulations, the establishment of a Quality Assurance Committee for evaluation of the medical care provided, and for the establishment of the Credentials Committee, which will review applications for staff privileges. All procedures will be performed in a safe manner by qualified,

New York State-licensed physicians who will be granted clinical privileges in accordance with the policies and procedures established by the extension clinic. No patient will be admitted to the extension clinic for care unless the patient's physician is a member of the extension clinic's medical staff.

Any physician who is affiliated with the proposed extension clinic will be reviewed by the Credentials Committee with respect to the appropriateness of performing procedures, based upon the physician's prior experience. These procedures will be delineated in writing and will be reviewed by the Credentials Committee on an ongoing basis and revised, as necessary, based upon the physician's performance, peer review and Quality Assurance Committee review. The extension clinic does not expect, at this time, to employ or use physician's assistants or specialist's assistants. If this policy changes, the extension clinic will develop procedures to review the qualifications of these health-care providers.

Anesthesiology services, when needed, will be provided per Section 755.4 of 10 NYCRR. The credentials of every proposed anesthesiologist will be reviewed and approved by the Credentials Committee prior to the anesthesiologist working in the extension clinic. A full description of potential anesthesiology services can be found later in this section of the Project Narrative.

All practicing physicians on staff at the extension clinic will be responsible for necessary follow-up and continuous monitoring of their patients. As noted above, the extension clinic will also ensure that 24-hour, seven-(7)-day-per-week physician on-call services are available for all patients.

### **Services**

The applicant proposes to certify a FASC extension clinic to provide the surgical procedures, as described above, and in compliance with Section 755.3 of 10 NYCRR. The procedures to be performed at the extension clinic will be among those listed in 10 NYCRR Section 86-4.40, under the

Products of Ambulatory Surgery groupings to be provided at the extension clinic. These will be procedures that can safely be performed on an ambulatory basis, based on recognized standards of medical care. All procedures will be performed in accordance with current standards of professional practice.

As noted, anesthesia services, when needed, will be provided per Section 755.4 of 10 NYCRR. All anesthesiologists will be approved by the extension clinic's Credentials Committee. Anesthesia will be administered in accordance with current standards of professional practice. An anesthesiologist or other physician, qualified in resuscitative techniques and emergency care, will be present and available until all patients are discharged from the extension clinic each day.

Pharmaceutical services will be provided in a safe and effective manner, in accordance with accepted professional practice, and under the direction of a qualified individual designated to be responsible for these services. Drugs will be prepared and administered according to established policies and accepted standards of practice. The following actions will also be taken with respect to pharmaceuticals:

- 1) Adverse reactions will be reported to the physician responsible for the patient and will be documented in the patient's medical record;
- 2) In accordance with Section 755.3 (d) of 10 NYCRR, blood, blood products, and parenteral solutions will be administered only by physicians, anesthesiologists or registered nurses; and
- 3) Verbal orders for drugs and biologicals will be followed by a written order, signed by the prescribing physician.

### **Patient Information Policy and System**

Patients will only be scheduled for treatment at the extension clinic if their physician is a member of the extension clinic's medical staff with delineated privileges specifying the right to perform the

proposed procedure. The extension clinic will accept applications from all qualified physicians. The extension clinic will also work to ensure that all physicians working at the extension clinic become credentialed at the backup hospital.

All patients coming to the proposed extension clinic will be required to have a history taken and physical examination within 30 days prior to their scheduled procedure. The results of this examination will become part of the patient's medical record (which will be managed in accordance with HIPAA and other applicable standards). To ensure that the patient is an appropriate risk for the procedure, the physician performing the case will review the patient's history and the information contained on the Pre-Assessment Record, prior to the procedure. If an anesthesiologist is to be used during the procedure, then he/she will review the same documentation. Any patient for whom a history and physical examination record is not presented to the extension clinic at least one (1) day prior to the procedure will have the appointment for the procedure rescheduled. Prior to coming to the extension clinic for the procedure, patients will be given written and verbal information regarding the case to be performed and the possible risks and complications.

As noted, the extension clinic will be open five (5) days per week, and scheduling of appointments will accommodate patient and physician preferences. All patients will be informed about when their procedure is scheduled and when they are expected to arrive at the extension clinic.

Patients will be given written and verbal pre-procedure instructions when the case is scheduled. In addition, extension clinic personnel will make a pre-admission call to the patient the day prior to their scheduled procedure to remind them of their scheduled time and to answer any last-minute questions.

On the day of the procedure, the following steps will be followed:

- The patient will arrive one (1) hour prior to the scheduled procedure time, and will check in at the reception desk;

- The patient will be asked to complete a registration form and sign the procedure consent. Copies of the front and back of her insurance card will be taken. This form will become a part of the patient's medical record;
- The admitting RN will escort the patient from the reception area to the admitting area. In this area, the patient will change clothes for the procedure, and will be assisted to the stretcher, at which time nursing personnel will perform a pre-procedure assessment and insert an IV in preparation for the conscious sedation that will be administered during the procedure (if necessary). The Pre-Assessment Record, containing documentation of this interview, will become part of the patient's medical record;
- If an anesthesiologist is used, he/she will interview the patient in the admitting area, reviewing all the chart documentation (History and Physical, and completed Pre-Assessment Record) so that he/she can evaluate the risks of anesthesia and the procedure to be performed. The anesthesiologist will prepare the patient for anesthesia, and have the patient sign the Consent for Anesthesia form. When anesthesia is needed, this form and an Anesthesia Study form will become part of the patient's medical record;
- The patient will then be taken via stretcher to the procedure room. Once inside the procedure room, the patient will be oriented to the room, and attached to the patient monitor to record EKG, blood pressure and pulse oximetry during the procedure;
- During the procedure, the RN will monitor and record the patient's vital signs. This documentation will be recorded on the Surgical Record. The RN will keep the physician aware of any changes in the patient's condition. Policies and procedures will be developed to define the standards of care for the delivery of conscious sedation (if necessary) and the care of the patient in the surgical room, in keeping with 10 NYCRR Section 755;
- Should a complication arise during the procedure, either from the procedure or anesthesia, the physician and RN in the room will initially manage the complication. If further assistance is needed, the emergency call button will be pushed for backup assistance from

other extension clinic staff, and to initiate the call for 911. If an anesthesiologist is present, he/she will take care of any anesthesia complications. Documentation of the complication will be entered on the Complication Form, with additional documentation on the patient's Progress Note and Transfer Record (if an emergency transfer is required). All documentation will be reviewed in the Quality Assurance Committee meeting at the next scheduled meeting; and

- Once the procedure has been completed, the patient will be taken via stretcher to the Recovery Room, where he/she will be monitored until discharge is appropriate, per policy. The patient will be discharged after evaluation and written order of the physician. Discharge shall be in the company of a responsible adult, unless the physician exempts the patient from this requirement. An anesthesiologist or other physician qualified in resuscitative techniques and emergency care will be present and available until all patients are discharged. During the recovery process, the patient will move from the stretcher area to the discharge recliners (second stage of recovery), so that recovery may be completed and a family member or friend may join the patient. The patient will be assisted in getting dressed and given post-procedure instructions that may include the follow-up appointment date and the process to follow if an emergency should arise.

### **Staff Requirements**

It is anticipated that the extension clinic's staff will come from the participating physicians' existing office-based surgical practice. The extension clinic will be staffed by qualified professional registered nurses and other clinical personnel. Staffing levels will be reviewed on a periodic basis. In addition, critical care areas within the extension clinic (i.e., admitting, operating and recovery) will be under the full-time supervision of professional registered nursing personnel. All professional registered nurses will be trained to operate emergency equipment, such as resuscitation and defibrillation equipment. All additional health personnel providing patient care services will be qualified and will meet all applicable State, local and Federal licensure requirements. To the extent

that the patient population requires language interpretation, the extension clinic will employ bilingual staff in the subject language(s). In addition, the extension clinic will ensure that a sign-language specialist is on-call and available to address the needs of the hearing-impaired. Please refer to the budget under the Schedule 13 Attachment for a detailed breakdown of the extension clinic's staffing.

The applicant sees the following factors as ways to counteract high staff turnover rates found in many health care facilities:

- The working environment will be small and close-knit, without the layers of bureaucracy found in many large institutions, so that individuals will have a greater voice and be able to communicate concerns and desires directly to management;
- Employees will be offered salaries, benefits and continuing education opportunities that are comparable to or better than the region's standards;
- Employees will be rewarded for hard work and efficiency in a manner that recognizes their individual contributions to the effective operation of the extension clinic; and
- The work schedule will be attractive due to predictable hours of operation.

### **Quality Assurance**

Administration, with assistance from the Medical Director and medical staff, and approval of the proposed operator (which includes the Medical Director in its membership), will develop and implement policies and procedures designed to minimize avoidable risks, in compliance with 10 NYCRR Sections 755.9 and 751.8. These policies and procedures will be modified to address problems that have been identified through the experience and vigilance of the extension clinic's staff. It will be the responsibility of the Medical Director and the medical staff to maintain the necessary information base for the identification of problems so that situations that may threaten patients' well-being can be promptly corrected.

To ensure maximum quality of care, the extension clinic will develop and maintain a medical audit and review process under the direct supervision of the Medical Director. This will involve a daily check on the quality of services at the extension clinic. A Quality Assurance (QA) Committee will be established under the direction of the Medical Director. The QA Committee will be responsible for investigating the results of all procedures, reviewing the appropriateness and necessity of same, reviewing procedural complications and circumstances leading to hospitalizations, reviewing the use of anesthesia and pharmaceutical services, maintaining statistics on terminated procedures and complications, performing random chart audits, conducting staffing level reviews, monitoring environmental quality (including equipment, plant, maintenance and housekeeping) and directing programs for correcting identified problems. The QA Committee will also establish policies and procedures for identifying and preventing infections, investigating patient complaints (after initial review and resolution by the Administrator), reporting results and incidents to appropriate authorities and working with authorities to resolve any identified and unresolved issues.

The governing body, which includes the Medical Director, will designate which procedures can be performed in the extension clinic. The governing body will review and revise, not less than twice annually, as necessary, the procedures approved for the extension clinic. In addition, the extension clinic will be subject to ongoing review, as performed in the various medical staff committees, as appropriate, e.g., quality improvement, safety, risk management and infection control. Minutes of all committee meetings will be retained for at least five (5) years.

Bridgeview's main D&TC site is accredited by the JCAHO; therefore, with respect to the assurance of quality, in accordance with 10 NYCRR Section 755.2 (f), the proposed extension clinic will seek accreditation from JCAHO within two (2) years of becoming operational.

### **Access to Primary Care Services & EMR/RHIO Utilization**

In keeping with the Department's health home and managed care goals for Dutchess County and elsewhere, the extension clinic plans to work closely with its patients to educate them regarding the availability of primary care services offered by local providers, including the broad array of outpatient primary care services offered by in the community. Through this program, the extension clinic's patients will be better able to make informed choices regarding preventive medicine, to understand their personal health care options going forward and to hopefully avoid unnecessary hospitalization and emergency room visits. Prior to leaving the extension clinic, each patient will be provided information concerning the local availability of primary care services.

The extension clinic plans to utilize an Electronic Medical Record (EMR) system and to fully integrate and exchange information with an established Regional Health Information Organization (RHIO) with the capability for clinical referral and event notification.

### **Medical Records and Data Requirements**

An appropriate method and system for maintaining medical records will be initiated in conformance with applicable requirements, including Sections 755.7 and 751.7 of 10 NYCRR, and HIPAA. This will include the assurance of confidentiality of patients' records. In addition, the system will provide for prompt and efficient transfer of medical records to other practitioners and/or facilities upon patient request.

The extension clinic will maintain a medical record for each patient. Every record will be accurate, legible, and promptly completed, signed and dated. Medical records will include at least the following:

- 1) Patient identification;
- 2) Significant medical history and results of physical examination;

- 3) Pre-procedure diagnostic studies, if performed, consultative findings and diagnosis (all entered before the procedure);
- 4) Findings and techniques of the procedure, completed by the performing physician;
- 5) Notation of current medications, drug allergies and abnormal drug reactions;
- 6) Documentation of services provided, with discharge diagnosis and follow-up plans/referrals;
- 7) Copy of the pre-procedure and post-procedure instructions;
- 8) Copy of the medical orders and procedure Progress Notes;
- 9) Anesthesia Study Form and record of complications should they arise;
- 10) Post-procedure follow-up report;
- 11) Pathology report on any tissues/body parts removed; and
- 12) Signed consent forms.

To fulfill the data-reporting requirements outlined in 10 NYCRR Section 755.10, the extension clinic will have a high-quality management information system on-site and has allocated funds for a data processing/accounting budget. The data will include all items required by the New York State Department of Health for each patient's visit to the extension clinic and will be submitted within 30 days of the end of each calendar quarter in a format prescribed by the Department.

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

**APPENDIX A**

Physician Volume Letters

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

**APPENDIX B**

Charity Care and Medicaid Action Plan

## **Charity Care and Medicaid Utilization Action Plan**

It is the mission of 21 Reade Place ASC, LLC, doing business as Bridgeview Endoscopy (Bridgeview) to serve all persons in need of services, regardless of age, color, race, creed, national origin, religion, sex, sexual orientation, marital status, disability, payer source, or any other personal characteristic or qualification, including the ability to pay.

To address care to the underserved and disadvantaged population, Bridgeview and the proposed extension clinic will provide financial relief to individuals who are unable to meet their financial obligations through a Charity Care Initiative which applies to charges for traditional, non-elective health care services to patients meeting the financial criteria set by the surgery center using federal poverty guidelines. Uninsured and under-insured patients who do not qualify for governmental assistance programs will be eligible for the Charity Care Initiative and there will be staff available to guide them to appropriate financial assistance programs.

To that end, Bridgeview has developed the following action plan to meet or exceed its Charity Care and Medicaid utilization commitments:

- ✓ Bridgeview commits to provide care to Medicaid and Charity Care patients as depicted in the project budget under the Schedule 13 Attachment. Bridgeview will develop and expand its Medicaid payer base and expects that Medicaid referrals will increase accordingly.
- ✓ Bridgeview will reach out on a regular basis to local hospitals and other healthcare providers, in an effort to obtain Charity Care referrals.
- ✓ Bridgeview will reach out on a regular basis to any area Federally Qualified Health Centers (FQHC) (Sun River Health and Cornerstone Family Healthcare), in an effort to bring additional Charity Care and Medicaid patient referrals to the extension clinic.
- ✓ Bridgeview will reach out to local family shelters and homeless shelters in an effort to bring additional Charity Care and Medicaid cases to Bridgeview.
- ✓ Bridgeview will encourage primary care providers to send their uninsured and under-insured patients to the proposed facility for care. This will be achieved by introducing the extension clinic and its services to these organizations and encouraging them to tour the extension clinic, meet its staff and providers, and by staying in regular contact with these facilities.
- ✓ Following this Plan, please find the list of payers that Bridgeview currently participates with.

Bridgeview looks forward to working with the Department to further develop this Charity Care and Medicaid action plan. Bridgeview will keep the Department updated as to any new developments or initiatives that arise during the course of the Department's review of Bridgeview's application.

Bridgeview's evolving strategic plan is to provide surgical services in the community in which it will operate, consistent with the New York State and Federal government initiatives promoting wellness, prevention and access. Bridgeview goals include high-quality care and access to the residents of the service area, regardless of ability to pay.

1. Aetna
2. Local 1199
3. Cigna
4. CDPHP
5. Anthem ( majority of plan)
6. NYSHIP UHC
7. Fidelis
8. Magnacare
9. Hamaspik
10. Medicaid
11. MVP
12. Oxford
13. UMR
14. United health care
15. Wellcare
16. Medicare
17. Tricare
18. VA with a referral
19. Aarp supplement
20. Emblem when paying as secondary to Medicare
21. Uhc community plan
22. Medicare railroad
23. Ambetter from Fidelis
24. Meritain
25. Global life as secondary to medicare
26. Bankers conesco as secondary to medicare
27. Bc federal
28. Optum uhc
29. Kingston trust as secondary to medicare

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

**APPENDIX C**

FASC Resource Utilization in Dutchess County

APPROVED ARTICLE 28 FASC FACILITIES AND UTILIZATION - DUTCHESS COUNTY

Distance from  
Proposed FASC 2025

| Name   | Specialty Type                 | Address                                 | City         | ZIP Code | Minutes | Miles | Volume |
|--|--------------------------------|---|--------------|----------|---------|-------|--------|
| HUDSON VALLEY ENDOSCOPY CENTER                   | Single Specialty - Endoscopy   | 400 WESTAGE BUSINESS CENTER DR, STE 202 | FISHKILL     | 12524    | 4.0     | 1.2   | 4,887  |
| BRIDGEVIEW ENDOSCOPY (This is the applicant)     | Single Specialty - Endoscopy   | 21 READE PL 3RD FL                      | POUGHKEEPSIE | 12601    | 27.0    | 13.5  | 9,043  |
| CENTRAL NEW YORK EYE CENTER                      | Single Specialty - Eye         | 22 GREEN ST                             | POUGHKEEPSIE | 12601    | 31.0    | 15.6  | 2,191  |
| DUTCHESS AMBULATORY SURGICAL CENTER              | Multi-Specialty                | 325 FOUNDERS WAY                        | POUGHKEEPSIE | 12603    | 34.0    | 16.2  | 5,566  |
| THE SURGERY CENTER AT ORTHOPEDIC ASSOCIATES, LLC | Single Specialty - Orthopedics | 1910 SOUTH RD                           | POUGHKEEPSIE | 12601    | 16.0    | 7.6   | 5,335  |

Note: Data is as of May 15, 2026

Volume is based on 2025 NYS DOH SPARCS Data as reported on the NYS DOH Website.

Distances are based on Google Maps

**Working Capital Financing Plan**

**1. Working Capital Financing Plan and Pro Forma Balance Sheet:**

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

| <b>Titles of Attachments Related to Borrowed Funds</b> | <b>Filenames of Attachments</b>    |
|--|------------------------------------|
| Example: <i>First borrowed fund source</i>             | Example: <i>first_bor_fund.pdf</i> |
| Please refer to the Schedule 9 Attachment              |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |
|  |                                    |

In the section below, briefly describe and document the source(s) of working capital equity

|  |
|--|
| <p>Working capital for this project represents two (2) months' of third-year expenses and will be funded using existing cash equity from the ongoing operations of 21 Reade Place ASC, LLC (Bridgeview Endoscopy). Please refer to the Schedule 5 Attachment for the Monthly Cash Flow Analysis, and to the Schedule 9 Attachment for the Financial Narrative and Financial Statements of the applicant.</p> |
|--|

**2. Pro Forma Balance Sheet**

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

| <b>Titles of Attachments Related to Pro Forma Balance Sheets</b> | <b>Filenames of Attachments</b>           |
|--|---|
| <i>Example: Attachment to operational balance sheet</i>          | <i>Example: Operational_bal_sheet.pdf</i> |
| N/A  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

Monthly Cash Flow Analysis

# **Schedule 6**

## **Architectural/Engineering Submission**

### **Contents:**

- **Instructions**
- **Architectural/Engineering Narrative**
- **Required Attachment Table**

Architectural and Engineering Submission Requirements for  
Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, and proposals for new certified space with no proposed construction, for Articles 28 & 40 of the Public Health Law, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- The design professional shall complete the Architectural/Engineering Narrative using the format below. Large, complex projects may include a supplementary narrative when needed.
- Provide the Architect or Engineer Certification.
  - [Architect or Engineer Certification](#)
- Provide a FEMA BFE Certificate, for hospitals and nursing homes located in coastal or flood zones.
  - [FEMA Elevation Certificate and Instructions](#)
- Provide a Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for all patient and resident spaces.
- Provide a Physicist Certification for projects with imaging services, at the Schematic Design or Design Development submission phase.
  - [Physicist Certification](#)
- Provide Architectural/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawings must be full size (to scale). Drawings of the same trade may be combined into one file. Submission guidelines may be found within the following hyperlink.
  - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the "Required Attachment Table" at the end of this document for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Name the attachments per the table when uploading documents in NYSE-CON.
  - Do not combine Schedule 6, Architect or Engineer Certification, and FEMA BFE Certificate into one document.

Architectural/Engineering Narrative

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:<br><b>5/26/2026</b>   | Revised Schedule 6 submission date (if applicable):<br>Enter date. |
| Does this project amend or supersede a prior CON application? No<br>If so, what is the original CON number? <b>NA</b>   |  |
| Project Intent/Purpose:<br><b>Construction of a new Ambulatory Surgery Center-Endoscopic Facility (as defined per the "Guidelines for Design and Construction of Outpatient Facilities 2018 edition" of the FGI), Chapter 2.9. Procedures offered will include Endoscopy (upper GI endoscopy) and Colonoscopy (lower GI endoscopy) in a structure previously constructed as Core and Shell.</b> |  |
| Project Site Location:<br><b>Snook Road Fishkill, NY 12524</b>  |  |
| Brief description of current facility, including facility type:<br><b>Not Applicable, New facility in a New Core and Shell Structure</b>  |  |

# New York State Department of Health Certificate of Need Application

## Schedule 6

Brief description of proposed facility: **New Fit Up one story ASC Facility for Endoscopy in a sprinklered New Core and Shell building of Type V(000) Construction (Vb), (11,602 gross sf Ground Floor with 1,850 sf Equipment Platform-total of 13,452 gross SF). ASC Fit Up to include 4 procedure rooms and 16 pre/post patient stations with required support spaces (Ground Floor 10,865 net SF) and an upper Equipment Platform for Mechanical Equipment (1,850 SF for a total of 12,715 net SF). The facility is divided into two smoke compartments.**

Location of proposed project space(s) within the building. Identify NFPA 101 occupancy type(s) for each space.

**See attached Functional space program, the entire facility is planned to be Article 28 Space, and considered as a freestanding New Ambulatory Healthcare Occupancy, Chapter 20 as per the 2018 NFPA 101, Life Safety Code.**

Indicate if multiple occupancy types, (i.e., mixed occupancies or separated occupancies). Describe the required smoke and fire separations between occupancies:

**All one Ambulatory Health Care Occupancy-ASC-Endoscopy. Non separated. Two smoke compartments will be provided.**

|   |     |
|---|-----|
| Is the project work in an existing licensed Article 28 space or an addition to an existing Article 28 building? | No  |
| Is the project space being converted from non-Article 28 space to Article 28 licensed space?                    | N/A |

Relationship of spaces conforming with Article 28 space and non-Article 28 space:

**All Article 28 space .**

List exceptions to the NYSDOH referenced standards. If requesting any exceptions, note each on page 2 of the Architect or Engineer Certification.

**None**

|   |     |
|---|-----|
| Does the project involve operating rooms, procedure rooms, class 2 or 3 imaging rooms, emergency care, intensive care, cardiac care, airborne infection isolation rooms, protective environment rooms, laboratories, pharmacies, dialysis, inpatient rooms or other spaces used by residents of residential health care facilities where the provisions of ASHRAE 170, NFPA 99, or NFPA 70 apply? | Yes |
|---|-----|

Briefly describe the existing building systems within the proposed space, applicable to HVAC, electrical, plumbing, medical gas, fire protection, fire alarm and nurse call.

**New Project in a Core and Shell Structure. All new HVAC, Plumbing, Electrical and Fire Protection systems to meet all code requirements. Building Core and Shell systems as follows: Electric to be 1200A/725 Kw Service, 480/277v/3ph/4 wire service, CT metered. HVAC to include; (3) Roof top Gas-Fired HVAC Units @ 405mbh each= 1,215 mbh, (1) Rooftop Gas-Fired HVAC Units @ 250 mbh=250 mbh, (2) Domestic Water Heaters, two @ 150 mbh= 300mbh. Building Core and Shell does not have medical gas and or Nurse Call systems, to be added in Fit Up.**

Briefly describe the work for building systems, upgrades, or replacements to HVAC, electrical, plumbing, medical gas, fire protection, fire alarm, and nurse call.

**New Fit Up Project in a New Core and Shell Structure. New HVAC, Plumbing, Electrical and Fire Protection, Fire Alarm, and Nurse Call systems to meet all code and FGI requirements. Electrical system to be a Type I, EES and will include a Generator.**

If a hospital or nursing home located in a coastal or flood zone, provide a FEMA BFE Certificate from [www.fema.gov](http://www.fema.gov), and describe the work to mitigate damage and maintain operations during a flood event.

**Not Applicable, not a Hospital or Nursing Home and not in a flood zone (Zone X-Area of Minimal Floor Hazard), see attached FEMA firmette.**

Does the project contain imaging equipment? If yes, describe the equipment to be provided and/or replaced. Ensure the Physicist Certification is submitted.

**No, not applicable**

Does the project contain procedure rooms or Class 2 imaging rooms, as defined in Facility Guidelines Institute, Design and Construction Guidelines? If so, what levels of sedation and types of anesthesia will be used for the procedures to be performed in these rooms?

# New York State Department of Health Certificate of Need Application

## Schedule 6

Yes, there will be Endoscopy Procedure Rooms in the project. The highest level of sedation planned to be used in the facility is Moderate Sedation/analgesia, the exact agent to be used will be selected based upon the type of procedure, goals of the sedation, and the condition and age of the patient

Does the project comply with 2010 ADA Standards for Accessible Design? If not, list all areas of noncompliance. New Article 28 space, regardless of proposed construction, shall provide ADA accessibility for patient spaces.

Yes

Other pertinent information:

Not Applicable

| Project Work Area  | Response   |
|--|--|
| Type of Work –   | Renovation   |
| Square footages of existing areas, existing floor and or existing building.  | The new Core and Shell facility that the Fit Up is occurring within is 11,602 gross sf on the Ground Floor and an equipment platform level of 1,850 sf , totaling 13,452 gross sf of overall space |
| Does the work area exceed more than 50% of a smoke compartment, for projects requiring smoke compartments?   | More than 50%  |
| Does the work area exceed more than 50% of the floor?  | More than 50% of the floor   |
| Does the work area exceed more than 50% of the building?   | More than 50% of the building  |
| Sprinkler protection per NFPA 101 Life Safety Code   | Sprinklered throughout building  |
| Construction Type per NFPA 101 Life Safety Code and NFPA 220   | Type V (000)   |
| Building Height  | 24'  |
| Building Number of Stories   | One Story  |
| Is 2018 FGI or 2014 FGI being used for this project?   | 2018 Edition of FGI  |
| Is the proposed work area located in a basement or underground building?   | Grade Level  |
| 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?  | N/A  |
| What is the Occupancy Classification per NFPA 101 Life Safety Code for the proposed work area? Ensure the drawings illustrate each area's occupancy classification.                    | Ch 20 New Ambulatory Health Care   |
| Are there other NFPA 101 Occupancy Classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans.<br>Enter text here. | Not Applicable   |
| Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Enter text here.   | 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.<br>Enter text here.                   | No   |

# New York State Department of Health Certificate of Need Application

## Schedule 6

|   |                 |
|---|-----------------|
| Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be located? Enter text here.       | Not Applicable  |
| Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Enter text here.           | N/A             |
| Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Enter text here.                     | Not Applicable  |
| Will the project result in a change of the facility's bed capacity? If yes, enumerate the existing and proposed bed capacities. Enter text here.        | N/A             |
| Does, or will, the facility have an Essential Electrical System (EES)? If yes, which EES Type?  | Yes, Type 1 EES |
| If an existing Type 1 EES, does it meet NFPA 99 -2012 standards?  | N/A             |
| Does the existing EES system have capacity for the additional electrical loads? Enter text here.  | N/A             |
| Does the project involve Bulk Oxygen Systems (as defined by 2012 NFPA 99, 3.3.21.3)? If an existing system, does it have capacity for additional loads? | N/A             |
| Does the project involve a therapy pool?  | No              |

REQUIRED ATTACHMENT TABLE

| SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL | DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION | Title of Attachment  | File Name.pdf   |
|---|---|--|---|
| •   |   | Schedule 6   | Schedule 6.pdf  |
| •   |   | Functional Space Program   | FSP.pdf   |
| •   |   | Architect or Engineer Certification  | A/E Cert. pdf   |
| •   |   | FEMA BFE Certificate   | FEMA Cert.pdf   |
| •   |   | Article 28/Non-Article 28 Space Plans  | CON100.pdf  |
| •   |   | Site Plans where applicable to the scope of work   | SP100.pdf   |
| •   |   | <b>Schematic Drawings:</b> <ul style="list-style-type: none"> <li>• Architectural drawings including Life Safety Code Plans, NFPA 101-2012 Life Safety Code Analysis, and level of exit discharge floor plan</li> <li>• Architectural Floor Plans including FGI and ADA illustrated compliance</li> <li>• Reflected Ceiling Plans</li> <li>• Roof Plans, Exterior Elevations, Building Sections, and Vertical Circulation where applicable to the scope of work</li> </ul> | Schematic Dwgs.pdf  |
|   | •   | <b>Design Development Drawings:</b> <ul style="list-style-type: none"> <li>• Architectural Drawings include wall sections, partition types, door schedules, enlarged plans and interior elevations.</li> <li>• Fire Protection</li> <li>• Fire Detection and Alarm</li> <li>• Mechanical Systems</li> <li>• Electrical Systems</li> <li>• Plumbing Systems</li> </ul>  | ArchDD.pdf<br><br>FP.pdf<br>FA.pdf<br>Elec.pdf<br>Plumb.pdf |
| (optional)  | •   | Physicist Certification  | Physicist Cert.pdf  |

Notes:

1. Design Development drawings may be submitted initially for approval instead of contingent approval, provided that the design and drawings reflect all necessary information to verify full compliance.
2. If submitted documents require revisions, reflect this in the file by adding 'revised' (or similar) when uploading the revised documents to NYSE-CON.

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

Architectural Documents

1. Architect/Applicant Certification
2. Functional Space Program
3. Environmental Assessment Form
4. Drawings



Architect or Engineer Certification

Date:
Facility ID:
Facility Name:
Project Name/Description:

Mark below whether the architectural/engineering submission is intended for review by New York State Department of Health (DOH), by Dormitory Authority of the State of New York (DASNY) on behalf of the department, or for self-certification in lieu of formal plan review. Please also acknowledge if the project is for Article 28 certification of an existing space with no proposed construction.

- Choose review option:
Review provided by DOH Architects & Engineers
Review provided by DASNY Architects & Engineers
Self-Certification by Applicant's Architects & Engineers
Complete and include page 3, Eligibility Checklist.

- Mark if applicable:
Existing building inspected with no construction
Drawings must illustrate existing conditions are compliant to current reference standards.

The architect or engineer for the project to complete the following.

I hereby certify to the New York State Department of Health that:

I have been retained by the facility to provide professional architectural/engineering services and have concluded that the project is designed, or has been inspected, in accordance with project definitions, modifications and/or revisions approved or required by the New York State Department of Health.

I have concluded that the project is compliant with all applicable local, state, and federal codes and regulations. This includes the provisions of the State Hospital Code 10 NYCRR Part 711, applicable provisions of Parts 712-717, and the current Article 28 construction standards:

- 2012 NFPA 101 Life Safety Code
2012 NFPA 99 Health Care Facilities Code when required
2014 or 2018 Facility Guidelines Institute, Design and Construction Guidelines
2010 ADA Standards for Accessible Design

I understand that non-Article 28 areas, spaces, rooms and facilities being converted to Article 28 space, as well as renovations to existing Article 28 space shall be evaluated and brought into compliance with new construction standards as indicated within applicable requirements the State Hospital Code.

For projects intending to self-certify, please fill out the following checklist.  
 If the answer to any of the questions below is “Yes”, the project is not eligible for self-certification.

**Project Eligibility Checklist for Architectural/Engineering Self-Certification**

| # | Question  | Yes                      | No                       |
|---|---|--------------------------|--------------------------|
| 1 | Is a waiver or an exception to the standards required?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Will the project costs exceed \$30,000,000?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Is Bulk Oxygen Medical Gas Storage associated with this project?<br>Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:<br>a. Hyperbaric Chambers<br>b. Bulk Systems include Nitrous Oxide System and Oxygen System defined below:<br><b>Bulk Oxygen System:</b> an assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft <sup>3</sup> of oxygen including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line.<br><b>Bulk Nitrous Oxide System:</b> an assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb., approximately 28,000 ft <sup>3</sup> , of nitrous oxide. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Will this project have Locked or Secured Units?<br>Examples of Locked or Secured Units include but not limited to the following:<br>a. Observation Units for behavioral health in ED's.<br>b. Behavioral health located within inpatient settings.<br>c. Nursing Homes or other facilities with Dementia Units that are locked.<br>d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Will this project involve construction of new procedure rooms or operating rooms, or the renovation of existing procedure rooms or operating rooms, including modifications to associated support systems such as mechanical, electrical, plumbing, medical gas, fire detection or fire protection systems, within a hospital or ambulatory surgery center?<br><i>(Projects limited to cosmetic upgrades are eligible for self-certification.)</i><br>Examples, include but not limited to the following:<br>a. Endoscopy Procedure Rooms<br>b. Procedure Rooms<br>c. Operating Rooms<br>d. Interventional Imaging located in procedure rooms or operating rooms  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Will this project involve construction that is required to comply with New Ambulatory Health Care Occupancy requirements as indicated in Chapter 20 of NFPA 101, 2012 edition?<br>Examples, include but not limited to the following:<br>a. Ambulatory Surgery Centers<br>b. Endoscopy Centers and or other Procedure Rooms<br>c. Free Standing Emergency Departments   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Is this project intended to provide Ventilator Units for patients located in nursing homes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Does this project involve Airborne Infection Isolation (Aii) Rooms or Protective Environment (PE) Rooms?  | <input type="checkbox"/> | <input type="checkbox"/> |



Date: 5-26-26

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

Name: Bridgeview Endoscopy Extension Clinic (21 Reade Place ASC LLC)

Location: Snook Road, Fishkill NY 12524

Description: New FASC Extension Clinic

To The New York State Department of Health:

This letter will serve as the **Functional Space Program** of the above-mentioned project. We, as Architects on this project, have been retained to provide professional services to design the ASC Ambulatory Healthcare Occupancy Fit Up of approximately 10,865 net sf on the Ground Floor and 1,850 net sf Equipment Platform, for a total of 12,715 net SF. The Core and Shell that the Fit Up is occurring within is 11,602 gross sf on the Ground Floor and an equipment platform level of 1,850 sf , totaling 13,452 sf of overall space.

The proposed program areas of the new construction and their associated square footage (sf) are listed below. The entire building is an Ambulatory Healthcare Occupancy and is Article 28.

The proposed program items include:

| Room # | Room Name                   | Area SF  |
|--------|-----------------------------|----------|
| 100    | VESTIBULE                   | 133.0 SF |
| 101    | WAITING                     | 612.5 SF |
| 102    | TOILET                      | 56.5 SF  |
| 103    | TOILET                      | 57.0 SF  |
| 104    | RECEPTION                   | 217.5 SF |
| 105    | HALL                        | 154.5 SF |
| 106    | EVS (ENVIRONMENTAL SERVICE) | 53.0 SF  |
| 107    | STORAGE                     | 39.0 SF  |
| 108    | TOILET                      | 56.5 SF  |
| 109    | IT                          | 55.0 SF  |
| 110    | LOCKER                      | 262.0 SF |
| 111    | TOILET                      | 56.5 SF  |

|     |                            |           |
|-----|----------------------------|-----------|
| 112 | TOILET                     | 65.5 SF   |
| 113 | CHANGING                   | 41.5 SF   |
| 114 | STAFF LOUNGE               | 281.5 SF  |
| 115 | MULTI/INTERVIEW            | 65.0 SF   |
| 116 | ADMIN.                     | 173.0 SF  |
| 117 | WASTE HOLDING              | 95.0 SF   |
| 118 | BREAK DOWN AREA            | 94.5 SF   |
| 119 | STORAGE                    | 120.0 SF  |
| 120 | CLEAN SUPPLY               | 104.0 SF  |
| 121 | GAS                        | 73.5 SF   |
| 122 | DR.S' LOUNGE               | 164.0 SF  |
| 123 | HALL                       | 440.0 SF  |
| 124 | TOILET                     | 56.5 SF   |
| 125 | TANK RM                    | 44.5 SF   |
| 126 | SPRINKLER RM               | 68.5 SF   |
| 127 | ELECTRIC RM                | 76.0 SF   |
| 128 | EVS(ENVIRONMENTAL SERVICE) | 32.5 SF   |
| 129 | SOILED WORK                | 71.5 SF   |
| 130 | PROCEDURE ROOM             | 294.0 SF  |
| 131 | PROCEDURE ROOM             | 294.5 SF  |
| 132 | PROBE PROCESSING           | 201.0 SF  |
| 133 | CLEAN STORAGE              | 112.0 SF  |
| 134 | CLEAN                      | 182.0 SF  |
| 135 | PROCEDURE ROOM             | 294.0 SF  |
| 136 | PROCEDURE ROOM             | 294.0 SF  |
| 137 | DECON HALL                 | 338.0 SF  |
| 138 | VESTIBULE                  | 64.0 SF   |
| 139 | SEMI RESTRICTED CORRIDOR   | 612.5 SF  |
| 140 | PRE/POST                   | 3701.0 SF |
| 141 | TOILET/ CHANGING           | 61.0 SF   |
| 142 | MED ROOM                   | 60.0 SF   |
| 143 | TOILET                     | 53.0 SF   |
| 144 | SOILED HOLDING             | 26.5 SF   |
| 145 | CLEAN                      | 18.0 SF   |
| 146 | TOILET/ CHANGING           | 68.5 SF   |
| 147 | TOILET/ CHANGING           | 54.5 SF   |
| 200 | EQUIPMENT PLATFORM         | 1850.0 SF |



**Town of Fishkill**  
**Building, Fire, Planning & Zoning Department**  
807 Route 52  
Fishkill, NY 12524  
845-831-7800 ext. 3328 | dcolonna@fishkill-ny.gov  
www.fishkill-ny.gov

**CORRESPONDENCE INSTRUCTIONS**

**TO:** Supervisor Albra and Town Board Members  
Elizabeth Axelson, AICP, Town Planner  
Dennis Lynch, P.E., Town Engineer  
Dominic Cordisco, Esq., Town Planning Board Attorney  
Jennifer Coccozza, Deputy Commissioner - DC Department of Planning and Development  
Tiernan Darcy, Environmental Engineering Technician - NYSDEC  
William Muller, Chair of the Board of Fire Commissioners - Rombout Fire District  
Joel J. Petrus, Town Building Inspector/Zoning Administrator  
Joselyn Ferguson, PH.D. Scientist - Archaeology - NYSOPRHP  
Timothy Tyrrell, Zoning Board of Appeals Chair and Zoning Board of Appeals Members  
Rebecca Tompkins, Town Clerk  
Jeff Kane, AICP, Representative for the Applicant

**FROM:** Debbie Colonna, Planning Board Secretary

**DATE:** November 18, 2025

**SUBJECT: FISHKILL MEDICAL PARK - SITE DEVELOPMENT & SPECIAL USE PERMIT**  
**PB APPLICATION NO.: PB24-006**  
**FISHKILL MEDICAL PARK - SUBDIVISION**  
**PB APPLICATION NO.: PB24-005**  
**TAX MAP PARCEL NOS.: 6255-00-255525 & 6255-00-468570**  
**PB ESCROW ACCOUNT: TA2087-PB735**  
**FEAF (FULL ENVIRONMENTAL ASSESSMENT FORM) PART 2, PART 3 &**  
**STATE ENVIRONMENTAL QUALITY REVIEW (SEQR) NEGATIVE**  
**DECLARATION - DETERMINATION OF NON-SIGNIFICANCE**  
**ADOPTED BY THE PLANNING BOARD ON NOVEMBER 13, 2025**

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The enclosed and above-referenced is being sent for the purpose indicated by the checkmark below:

For your information and file.

Please see me about this.

Meeting to be held on: \_\_\_\_\_  
DATE TIME

For your review and comment.

**REMARKS:**

cc: Jonathan Kanter, Planning Board Chair & Planning Board Members

**Full Environmental Assessment Form**  
**Part 2 - Identification of Potential Project Impacts**

Agency Use Only [If applicable]  
 Project : Fishkill Medical Park SUP & SP  
 Date : November 13, 2025

**Part 2 is to be completed by the lead agency.** Part 2 is designed to help the lead agency inventory all potential resources that could be affected by a proposed project or action. We recognize that the lead agency's reviewer(s) will not necessarily be environmental professionals. So, the questions are designed to walk a reviewer through the assessment process by providing a series of questions that can be answered using the information found in Part 1. To further assist the lead agency in completing Part 2, the form identifies the most relevant questions in Part 1 that will provide the information needed to answer the Part 2 question. When Part 2 is completed, the lead agency will have identified the relevant environmental areas that may be impacted by the proposed activity.

If the lead agency is a state agency **and** the action is in any Coastal Area, complete the Coastal Assessment Form before proceeding with this assessment.

\* = Potentially small impact  
 (Potentially moderate impact is a check mark in the right column with no star)  
 \*\* = Potentially large impact

**Tips for completing Part 2:**

- Review all of the information provided in Part 1.
- Review any application, maps, supporting materials and the Full EAF Workbook.
- Answer each of the 18 questions in Part 2.
- If you answer “Yes” to a numbered question, please complete all the questions that follow in that section.
- If you answer “No” to a numbered question, move on to the next numbered question.
- Check appropriate column to indicate the anticipated size of the impact.
- Proposed projects that would exceed a numeric threshold contained in a question should result in the reviewing agency checking the box “Moderate to large impact may occur.”
- The reviewer is not expected to be an expert in environmental analysis.
- If you are not sure or undecided about the size of an impact, it may help to review the sub-questions for the general question and consult the workbook.
- When answering a question consider all components of the proposed activity, that is, the “whole action”.
- Consider the possibility for long-term and cumulative impacts as well as direct impacts.
- Answer the question in a reasonable manner considering the scale and context of the project.

| <b>1. Impact on Land</b>  |          | <input type="checkbox"/> NO           | <input checked="" type="checkbox"/> YES   |
|---|----------|---------------------------------------|---|
| Proposed action may involve construction on, or physical alteration of, the land surface of the proposed site. (See Part 1. D.1)<br><i>If “Yes”, answer questions a - j. If “No”, move on to Section 2.</i> |          |                                       |   |
|   |          | <b>Relevant Part I Question(s)</b>    | <b>No, or small impact may occur</b>      |
|   |          |                                       | <b>Moderate to large impact may occur</b> |
| a. The proposed action may involve construction on land where depth to water table is less than 3 feet.   | E2d      | <input checked="" type="checkbox"/> * | <input type="checkbox"/>                  |
| b. The proposed action may involve construction on slopes of 15% or greater.  | E2f      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                  |
| c. The proposed action may involve construction on land where bedrock is exposed, or generally within 5 feet of existing ground surface.  | E2a      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                  |
| d. The proposed action may involve the excavation and removal of more than 1,000 tons of natural material.  | D2a      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                  |
| e. The proposed action may involve construction that continues for more than one year or in multiple phases.  | D1e      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                  |
| f. The proposed action may result in increased erosion, whether from physical disturbance or vegetation removal (including from treatment by herbicides).   | D2e, D2q | <input checked="" type="checkbox"/> * | <input type="checkbox"/>                  |
| g. The proposed action is, or may be, located within a Coastal Erosion hazard area.   | B1i      | <input checked="" type="checkbox"/>   | <input type="checkbox"/>                  |
| h. Other impacts: _____   |          | <input type="checkbox"/>              | <input type="checkbox"/>                  |

**2. Impact on Geological Features**

The proposed action may result in the modification or destruction of, or inhibit access to, any unique or unusual land forms on the site (e.g., cliffs, dunes, minerals, fossils, caves). (See Part 1. E.2.g)

NO

YES

*If "Yes", answer questions a - c. If "No", move on to Section 3.*

|   | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
|---|-----------------------------|-------------------------------|------------------------------------|
| a. Identify the specific land form(s) attached: _____<br>_____  | E2g                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. The proposed action may affect or is adjacent to a geological feature listed as a registered National Natural Landmark.<br>Specific feature: _____ | E3c                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. Other impacts: _____<br>_____  |                             | <input type="checkbox"/>      | <input type="checkbox"/>           |

**3. Impacts on Surface Water**

The proposed action may affect one or more wetlands or other surface water bodies (e.g., streams, rivers, ponds or lakes). (See Part 1. D.2, E.2.h)

NO

YES

*If "Yes", answer questions a - l. If "No", move on to Section 4.*

|   | Relevant Part I Question(s) | No, or small impact may occur         | Moderate to large impact may occur |
|---|-----------------------------|---------------------------------------|------------------------------------|
| a. The proposed action may create a new water body.   | D2b, D1h                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| b. The proposed action may result in an increase or decrease of over 10% or more than a 10 acre increase or decrease in the surface area of any body of water.  | D2b                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| c. The proposed action may involve dredging more than 100 cubic yards of material from a wetland or water body.   | D2a                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| d. The proposed action may involve construction within or adjoining a freshwater or tidal wetland, or in the bed or banks of any other water body.<br>0.13 acre of disturbance within NYSDEC wetland buffer   | E2h                         | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| e. The proposed action may create turbidity in a waterbody, either from upland erosion, runoff or by disturbing bottom sediments.<br>0.13 acre of disturbance within NYSDEC wetland buffer  | D2a, D2h                    | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| f. The proposed action may include construction of one or more intake(s) for withdrawal of water from surface water.  | D2c                         | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| g. The proposed action may include construction of one or more outfall(s) for discharge of wastewater to surface water(s).<br>Creation of stormwater management system resulting in 3 points of disturbance in wetland buffer areas   | D2d                         | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| h. The proposed action may cause soil erosion, or otherwise create a source of stormwater discharge that may lead to siltation or other degradation of receiving water bodies.<br>Creation of stormwater management system resulting in 3 points of disturbance in wetland buffer areas | D2e                         | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| i. The proposed action may affect the water quality of any water bodies within or downstream of the site of the proposed action.<br>Creation of stormwater management system resulting in 3 points of disturbance in wetland buffer areas   | E2h                         | <input checked="" type="checkbox"/> * | <input type="checkbox"/>           |
| j. The proposed action may involve the application of pesticides or herbicides in or around any water body.   | D2q, E2h                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| k. The proposed action may require the construction of new, or expansion of existing, wastewater treatment facilities.  | D1a, D2d                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |

|                                  |  |                          |                          |
|----------------------------------|--|--------------------------|--------------------------|
| I. Other impacts: _____<br>_____ |  | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|--|--------------------------|--------------------------|

**4. Impact on groundwater**  
 The proposed action may result in new or additional use of ground water, or may have the potential to introduce contaminants to ground water or an aquifer.  NO  YES  
 (See Part 1. D.2.a, D.2.c, D.2.d, D.2.p, D.2.q, D.2.t) Proposed development will be connected to municipal water supply and sewage treatment systems  
*If "Yes", answer questions a - h. If "No", move on to Section 5.*

|  | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
|--|-----------------------------|-------------------------------|------------------------------------|
| a. The proposed action may require new water supply wells, or create additional demand on supplies from existing water supply wells.                           | D2c                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. Water supply demand from the proposed action may exceed safe and sustainable withdrawal capacity rate of the local supply or aquifer.<br>Cite Source: _____ | D2c                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. The proposed action may allow or result in residential uses in areas without water and sewer services.  | D1a, D2c                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| d. The proposed action may include or require wastewater discharged to groundwater.  | D2d, E2l                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| e. The proposed action may result in the construction of water supply wells in locations where groundwater is, or is suspected to be, contaminated.            | D2c, E1f, E1g, E1h          | <input type="checkbox"/>      | <input type="checkbox"/>           |
| f. The proposed action may require the bulk storage of petroleum or chemical products over ground water or an aquifer.   | D2p, E2l                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| g. The proposed action may involve the commercial application of pesticides within 100 feet of potable drinking water or irrigation sources.                   | E2h, D2q, E2l, D2c          | <input type="checkbox"/>      | <input type="checkbox"/>           |
| h. Other impacts: _____<br>_____   |                             | <input type="checkbox"/>      | <input type="checkbox"/>           |

**5. Impact on Flooding**  
 The proposed action may result in development on lands subject to flooding.  NO  YES  
 (See Part 1. E.2)  
*If "Yes", answer questions a - g. If "No", move on to Section 6.*

|  | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
|--|-----------------------------|-------------------------------|------------------------------------|
| a. The proposed action may result in development in a designated floodway.                                 | E2i                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. The proposed action may result in development within a 100 year floodplain.                             | E2j                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. The proposed action may result in development within a 500 year floodplain.                             | E2k                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| d. The proposed action may result in, or require, modification of existing drainage patterns.              | D2b, D2e                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| e. The proposed action may change flood water flows that contribute to flooding.                           | D2b, E2i, E2j, E2k          | <input type="checkbox"/>      | <input type="checkbox"/>           |
| f. If there is a dam located on the site of the proposed action, is the dam in need of repair, or upgrade? | E1e                         | <input type="checkbox"/>      | <input type="checkbox"/>           |

|                                  |  |                          |                          |
|----------------------------------|--|--------------------------|--------------------------|
| g. Other impacts: _____<br>_____ |  | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|--|--------------------------|--------------------------|

| 6. Impacts on Air   |  |  |  |
|---|--|--|--|
| The proposed action may include a state regulated air emission source.<br>(See Part 1. D.2.f., D.2.h, D.2.g)<br><i>If "Yes", answer questions a - f. If "No", move on to Section 7.</i>   |  | <input checked="" type="checkbox"/> NO   | <input type="checkbox"/> YES   |
|   | Relevant Part I Question(s)            | No, or small impact may occur  | Moderate to large impact may occur   |
| a. If the proposed action requires federal or state air emission permits, the action may also emit one or more greenhouse gases at or above the following levels:<br>i. More than 1000 tons/year of carbon dioxide (CO <sub>2</sub> )<br>ii. More than 3.5 tons/year of nitrous oxide (N <sub>2</sub> O)<br>iii. More than 1000 tons/year of carbon equivalent of perfluorocarbons (PFCs)<br>iv. More than .045 tons/year of sulfur hexafluoride (SF <sub>6</sub> )<br>v. More than 1000 tons/year of carbon dioxide equivalent of hydrochloroflourocarbons (HFCs) emissions<br>vi. 43 tons/year or more of methane | D2g<br>D2g<br>D2g<br>D2g<br>D2g<br>D2h | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| b. The proposed action may generate 10 tons/year or more of any one designated hazardous air pollutant, or 25 tons/year or more of any combination of such hazardous air pollutants.  | D2g                                    | <input type="checkbox"/>   | <input type="checkbox"/>   |
| c. The proposed action may require a state air registration, or may produce an emissions rate of total contaminants that may exceed 5 lbs. per hour, or may include a heat source capable of producing more than 10 million BTU's per hour.   | D2f, D2g                               | <input type="checkbox"/>   | <input type="checkbox"/>   |
| d. The proposed action may reach 50% of any of the thresholds in "a" through "c", above.  | D2g                                    | <input type="checkbox"/>   | <input type="checkbox"/>   |
| e. The proposed action may result in the combustion or thermal treatment of more than 1 ton of refuse per hour.   | D2s                                    | <input type="checkbox"/>   | <input type="checkbox"/>   |
| f. Other impacts: _____<br>_____  |  | <input type="checkbox"/>   | <input type="checkbox"/>   |

| 7. Impact on Plants and Animals  |                             |  |                                    |
|--|-----------------------------|--|------------------------------------|
| The proposed action may result in a loss of flora or fauna. (See Part 1. E.2. m.-q.)<br><i>If "Yes", answer questions a - j. If "No", move on to Section 8.</i>  |                             | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES       |
|  | Relevant Part I Question(s) | No, or small impact may occur          | Moderate to large impact may occur |
| a. The proposed action may cause reduction in population or loss of individuals of any threatened or endangered species, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site.                  | E2o                         | <input type="checkbox"/>               | <input type="checkbox"/>           |
| b. The proposed action may result in a reduction or degradation of any habitat used by any rare, threatened or endangered species, as listed by New York State or the federal government.  | E2o                         | <input type="checkbox"/>               | <input type="checkbox"/>           |
| c. The proposed action may cause reduction in population, or loss of individuals, of any species of special concern or conservation need, as listed by New York State or the Federal government, that use the site, or are found on, over, or near the site. | E2p                         | <input type="checkbox"/>               | <input type="checkbox"/>           |
| d. The proposed action may result in a reduction or degradation of any habitat used by any species of special concern and conservation need, as listed by New York State or the Federal government.  | E2p                         | <input type="checkbox"/>               | <input type="checkbox"/>           |

|   |     |                          |                          |
|---|-----|--------------------------|--------------------------|
| e. The proposed action may diminish the capacity of a registered National Natural Landmark to support the biological community it was established to protect.                               | E3c | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The proposed action may result in the removal of, or ground disturbance in, any portion of a designated significant natural community.<br>Source: _____                                  | E2n | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The proposed action may substantially interfere with nesting/breeding, foraging, or over-wintering habitat for the predominant species that occupy or use the project site.              | E2m | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The proposed action requires the conversion of more than 10 acres of forest, grassland or any other regionally or locally important habitat.<br>Habitat type & information source: _____ | E1b | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Proposed action (commercial, industrial or recreational projects, only) involves use of herbicides or pesticides.  | D2q | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other impacts: _____   |     | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>8. Impact on Agricultural Resources</b>   |                                    |  |   |
| The proposed action may impact agricultural resources. (See Part 1. E.3.a. and b.)   |                                    | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES              |
| <i>If "Yes", answer questions a - h. If "No", move on to Section 9.</i>  |                                    |  |   |
|  | <b>Relevant Part I Question(s)</b> | <b>No, or small impact may occur</b>   | <b>Moderate to large impact may occur</b> |
| a. The proposed action may impact soil classified within soil group 1 through 4 of the NYS Land Classification System.   | E2c, E3b                           | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| b. The proposed action may sever, cross or otherwise limit access to agricultural land (includes cropland, hayfields, pasture, vineyard, orchard, etc).  | E1a, E1b                           | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| c. The proposed action may result in the excavation or compaction of the soil profile of active agricultural land.   | E3b                                | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| d. The proposed action may irreversibly convert agricultural land to non-agricultural uses, either more than 2.5 acres if located in an Agricultural District, or more than 10 acres if not within an Agricultural District. | E1b, E3a                           | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| e. The proposed action may disrupt or prevent installation of an agricultural land management system.  | E1 a, E1b                          | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| f. The proposed action may result, directly or indirectly, in increased development potential or pressure on farmland.   | C2c, C3, D2c, D2d                  | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| g. The proposed project is not consistent with the adopted municipal Farmland Protection Plan.   | C2c                                | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| h. Other impacts: _____  |                                    | <input type="checkbox"/>               | <input type="checkbox"/>                  |

**9. Impact on Aesthetic Resources**  
 The land use of the proposed action are obviously different from, or are in sharp contrast to, current land use patterns between the proposed project and a scenic or aesthetic resource. (Part 1. E.1.a, E.1.b, E.3.h.)  
*If "Yes", answer questions a - g. If "No", go to Section 10.*

NO       YES

|  | Relevant Part I Question(s) | No, or small impact may occur                        | Moderate to large impact may occur                   |
|--|-----------------------------|--|--|
| a. Proposed action may be visible from any officially designated federal, state, or local scenic or aesthetic resource.  | E3h                         | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| b. The proposed action may result in the obstruction, elimination or significant screening of one or more officially designated scenic views.  | E3h, C2b                    | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| c. The proposed action may be visible from publicly accessible vantage points:<br>i. Seasonally (e.g., screened by summer foliage, but visible during other seasons)<br>ii. Year round                               | E3h                         | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| d. The situation or activity in which viewers are engaged while viewing the proposed action is:<br>i. Routine travel by residents, including travel to and from work<br>ii. Recreational or tourism based activities | E3h<br>E2q,<br>E1c          | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| e. The proposed action may cause a diminishment of the public enjoyment and appreciation of the designated aesthetic resource.   | E3h                         | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| f. There are similar projects visible within the following distance of the proposed project:<br>0-1/2 mile<br>1/2 -3 mile<br>3-5 mile<br>5+ mile   | D1a, E1a,<br>D1f, D1g       | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| g. Other impacts: _____<br>_____   |                             | <input type="checkbox"/>                             | <input type="checkbox"/>                             |

**10. Impact on Historic and Archeological Resources**  
 The proposed action may occur in or adjacent to a historic or archaeological resource. (Part 1. E.3.e, f. and g.)  
*If "Yes", answer questions a - e. If "No", go to Section 11.*

NO       YES

|   | Relevant Part I Question(s)  | No, or small impact may occur       | Moderate to large impact may occur  |
|---|--|-------------------------------------|-------------------------------------|
| See the top of page 7 about the Fishkill Supply Depot.  |  |                                     |                                     |
| a. The proposed action may occur wholly or partially within, or substantially contiguous to, any buildings, archaeological site or district which is listed on the National or State Register of Historical Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places. | E3e<br>National Register Criterion D (3) Mitigation. A Phase 3 Data Retrieval Plan (DRP) will be implemented as mitigation.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. The proposed action may occur wholly or partially within, or substantially contiguous to, an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory.  | E3f<br>Snook Road: Precontact Site; Precontact Site 3; and Farmstead Historic Site are Undetermined, so they require Protection Plans per the SHPO, which will be implemented as mitigation. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. The proposed action may occur wholly or partially within, or substantially contiguous to, an archaeological site not included on the NY SHPO inventory.<br>Source: _____   | E3g  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

|   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| d. Other impacts: The proposed action is in proximity, yet not adjacent to, the site of the Fishkill Supply Depot, a historical and archaeological site. Yet, the proposed action will not result in any direct land disturbance on or near the Fishkill Supply Depot site. |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. If any of the above (a-d) are answered "Moderate to large impact may occur", continue with the following questions to help support conclusions in Part 3:  |   |                                     |                                     |
| i. The proposed action may result in the destruction or alteration of all or part of the site or property.  | E3e, E3g, E3f Register-eligible archaeological site: Snook Road Precontact Site 2; and a Data Recovery of a National Register-eligible archaeological site: Snook Road Precontact Site 2; and a Data Retrieval Plan (DRP) and Avoidance Plan is under review by OPRHP | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| ii. The proposed action may result in the alteration of the property's setting or integrity.  | E3e, E3f, E3g, E1a, Register-eligible archaeological site: Snook Road Precontact Site 2; and a Data Retrieval Plan (DRP) and Avoidance Plan is under review by OPRHP  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| iii. The proposed action may result in the introduction of visual elements which are out of character with the site or property, or may alter its setting.  | E3e, E3f, E3g, E3h, C2, C3  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>11. Impact on Open Space and Recreation</b>  |                                    |  |   |
| The proposed action may result in a loss of recreational opportunities or a reduction of an open space resource as designated in any adopted municipal open space plan.<br>(See Part 1. C.2.c, E.1.c., E.2.q.)<br><i>If "Yes", answer questions a - e. If "No", go to Section 12.</i> |                                    | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES              |
|   | <b>Relevant Part I Question(s)</b> | <b>No, or small impact may occur</b>   | <b>Moderate to large impact may occur</b> |
| a. The proposed action may result in an impairment of natural functions, or "ecosystem services", provided by an undeveloped area, including but not limited to stormwater storage, nutrient cycling, wildlife habitat.   | D2e, E1b, E2h, E2m, E2o, E2n, E2p  | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| b. The proposed action may result in the loss of a current or future recreational resource.   | C2a, E1c, C2c, E2q                 | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| c. The proposed action may eliminate open space or recreational resource in an area with few such resources.  | C2a, C2c, E1c, E2q                 | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| d. The proposed action may result in loss of an area now used informally by the community as an open space resource.  | C2c, E1c                           | <input type="checkbox"/>               | <input type="checkbox"/>                  |
| e. Other impacts: _____   |                                    | <input type="checkbox"/>               | <input type="checkbox"/>                  |

|  |     |                                     |   |
|--|-----|-------------------------------------|---|
| <b>12. Impact on Critical Environmental Areas</b>  |     |                                     |   |
| The proposed action may be located within or adjacent to a critical environmental area (CEA). (See Part 1. E.3.d)<br><i>If "Yes", answer questions a - c. If "No", go to Section 13.</i>                         |     | <input type="checkbox"/> NO         | <input checked="" type="checkbox"/> YES |
| The Critical Environmental Area (CEA) is an Aquifer protection area established by the Town of Fishkill on 7/8/1992 to protect a public water supply source (aquifer), which is a Primary and Principal aquifer. |     | <b>Relevant Part I Question(s)</b>  | <b>No, or small impact may occur</b>    |
| a. The proposed action may result in a reduction in the quantity of the resource or characteristic which was the basis for designation of the CEA.   | E3d | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |
| b. The proposed action may result in a reduction in the quality of the resource or characteristic which was the basis for designation of the CEA.  | E3d | <input checked="" type="checkbox"/> | <input type="checkbox"/>                |
| c. Other impacts: _____  |     | <input type="checkbox"/>            | <input type="checkbox"/>                |

**13. Impact on Transportation**  
 The proposed action may result in a change to existing transportation systems.  NO  YES  
 (See Part 1. D.2.j)  
*If "Yes", answer questions a - f. If "No", go to Section 14.*

|   | Relevant Part I Question(s) | No, or small impact may occur   | Moderate to large impact may occur |
|---|-----------------------------|---|------------------------------------|
| a. Projected traffic increase may exceed capacity of existing road network.                           | D2j                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| b. The proposed action may result in the construction of paved parking area for 500 or more vehicles. | D2j                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| c. The proposed action will degrade existing transit access.  | D2j                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| d. The proposed action will degrade existing pedestrian or bicycle accommodations.                    | D2j                         | <input checked="" type="checkbox"/>   | <input type="checkbox"/>           |
| e. The proposed action may alter the present pattern of movement of people or goods.                  | Traffic Impact Study D2j    | <input checked="" type="checkbox"/> * review resulted in                                    | <input type="checkbox"/>           |
| f. Other impacts: _____   |                             | <input type="checkbox"/>  | <input type="checkbox"/>           |
|   |                             | a conclusion that the development would have a minimal impact on the adjacent road network. |                                    |

**14. Impact on Energy**  
 The proposed action may cause an increase in the use of any form of energy.  NO  YES  
 (See Part 1. D.2.k)  
*If "Yes", answer questions a - e. If "No", go to Section 15.*

|  | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
|--|-----------------------------|-------------------------------|------------------------------------|
| a. The proposed action will require a new, or an upgrade to an existing, substation.   | D2k                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. The proposed action will require the creation or extension of an energy transmission or supply system to serve more than 50 single or two-family residences or to serve a commercial or industrial use. | D1f, D1q, D2k               | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. The proposed action may utilize more than 2,500 MWhrs per year of electricity.  | D2k                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| d. The proposed action may involve heating and/or cooling of more than 100,000 square feet of building area when completed.  | D1g                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| e. Other Impacts: _____  |                             |                               |                                    |

**15. Impact on Noise, Odor, and Light**  
 The proposed action may result in an increase in noise, odors, or outdoor lighting.  NO  YES  
 (See Part 1. D.2.m., n., and o.)  
*If "Yes", answer questions a - f. If "No", go to Section 16.*

|  | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
|--|-----------------------------|-------------------------------|------------------------------------|
| a. The proposed action may produce sound above noise levels established by local regulation.   | D2m                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. The proposed action may result in blasting within 1,500 feet of any residence, hospital, school, licensed day care center, or nursing home. | D2m, E1d                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. The proposed action may result in routine odors for more than one hour per day.   | D2o                         | <input type="checkbox"/>      | <input type="checkbox"/>           |

|   |          |                          |                          |
|---|----------|--------------------------|--------------------------|
| d. The proposed action may result in light shining onto adjoining properties.                           | D2n      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The proposed action may result in lighting creating sky-glow brighter than existing area conditions. | D2n, E1a | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other impacts: _____<br>_____  |          | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>16. Impact on Human Health</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES   |                             |                               |                                    |
|---|-----------------------------|-------------------------------|------------------------------------|
| The proposed action may have an impact on human health from exposure to new or existing sources of contaminants. (See Part 1.D.2.q., E.1. d. f. g. and h.)<br><i>If "Yes", answer questions a - m. If "No", go to Section 17.</i> |                             |                               |                                    |
|   | Relevant Part I Question(s) | No, or small impact may occur | Moderate to large impact may occur |
| a. The proposed action is located within 1500 feet of a school, hospital, licensed day care center, group home, nursing home or retirement community.   | E1d                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. The site of the proposed action is currently undergoing remediation.   | E1g, E1h                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| c. There is a completed emergency spill remediation, or a completed environmental site remediation on, or adjacent to, the site of the proposed action.   | E1g, E1h                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| d. The site of the action is subject to an institutional control limiting the use of the property (e.g., easement or deed restriction).   | E1g, E1h                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| e. The proposed action may affect institutional control measures that were put in place to ensure that the site remains protective of the environment and human health.   | E1g, E1h                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| f. The proposed action has adequate control measures in place to ensure that future generation, treatment and/or disposal of hazardous wastes will be protective of the environment and human health.                             | D2t                         | <input type="checkbox"/>      | <input type="checkbox"/>           |
| g. The proposed action involves construction or modification of a solid waste management facility.  | D2q, E1f                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| h. The proposed action may result in the unearthing of solid or hazardous waste.  | D2q, E1f                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| i. The proposed action may result in an increase in the rate of disposal, or processing, of solid waste.  | D2r, D2s                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| j. The proposed action may result in excavation or other disturbance within 2000 feet of a site used for the disposal of solid or hazardous waste.  | E1f, E1g<br>E1h             | <input type="checkbox"/>      | <input type="checkbox"/>           |
| k. The proposed action may result in the migration of explosive gases from a landfill site to adjacent off site structures.   | E1f, E1g                    | <input type="checkbox"/>      | <input type="checkbox"/>           |
| l. The proposed action may result in the release of contaminated leachate from the project site.  | D2s, E1f,<br>D2r            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| m. Other impacts: _____<br>_____  |                             |                               |                                    |

|  |   |                                      |   |  |                              |
|--|---|--------------------------------------|---|--|------------------------------|
| <b>17. Consistency with Community Plans</b><br>The proposed action is not consistent with adopted land use plans.<br>(See Part 1. C.1, C.2. and C.3.)<br><i>If "Yes", answer questions a - h. If "No", go to Section 18.</i> |   |                                      |   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES |
|  | <b>Relevant Part I Question(s)</b>  | <b>No, or small impact may occur</b> | <b>Moderate to large impact may occur</b> |  |                              |
| a.   | The proposed action's land use components may be different from, or in sharp contrast to, current surrounding land use pattern(s).                                | C2, C3, D1a<br>E1a, E1b              | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| b.   | The proposed action will cause the permanent population of the city, town or village in which the project is located to grow by more than 5%.                     | C2                                   | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| c.   | The proposed action is inconsistent with local land use plans or zoning regulations.  | C2, C2, C3                           | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| d.   | The proposed action is inconsistent with any County plans, or other regional land use plans.  | C2, C2                               | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| e.   | The proposed action may cause a change in the density of development that is not supported by existing infrastructure or is distant from existing infrastructure. | C3, D1c,<br>D1d, D1f,<br>D1d, E1b    | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| f.   | The proposed action is located in an area characterized by low density development that will require new or expanded public infrastructure.                       | C4, D2c, D2d<br>D2j                  | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| g.   | The proposed action may induce secondary development impacts (e.g., residential or commercial development not included in the proposed action)                    | C2a                                  | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| h.   | Other: _____<br>_____   |                                      | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |

|  |   |                                      |   |  |                              |
|--|---|--------------------------------------|---|--|------------------------------|
| <b>18. Consistency with Community Character</b><br>The proposed project is inconsistent with the existing community character.<br>(See Part 1. C.2, C.3, D.2, E.3)<br><i>If "Yes", answer questions a - g. If "No", proceed to Part 3.</i> |   |                                      |   | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES |
|  | <b>Relevant Part I Question(s)</b>  | <b>No, or small impact may occur</b> | <b>Moderate to large impact may occur</b> |  |                              |
| a.   | The proposed action may replace or eliminate existing facilities, structures, or areas of historic importance to the community. | E3e, E3f, E3g                        | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| b.   | The proposed action may create a demand for additional community services (e.g. schools, police and fire)                       | C4                                   | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| c.   | The proposed action may displace affordable or low-income housing in an area where there is a shortage of such housing.         | C2, C3, D1f<br>D1g, E1a              | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| d.   | The proposed action may interfere with the use or enjoyment of officially recognized or designated public resources.            | C2, E3                               | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| e.   | The proposed action is inconsistent with the predominant architectural scale and character.                                     | C2, C3                               | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| f.   | Proposed action is inconsistent with the character of the existing natural landscape.   | C2, C3<br>E1a, E1b<br>E2g, E2h       | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |
| g.   | Other impacts: _____<br>_____   |                                      | <input type="checkbox"/>                  | <input type="checkbox"/>               |                              |

**PRINT FULL FORM**

**Full Environmental Assessment Form**  
**Part 3 - Evaluation of the Magnitude and Importance of Project Impacts**  
**and**  
**Determination of Significance**

Part 3 provides the reasons in support of the determination of significance. The lead agency must complete Part 3 for every question in Part 2 where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.

Based on the analysis in Part 3, the lead agency must decide whether to require an environmental impact statement to further assess the proposed action or whether available information is sufficient for the lead agency to conclude that the proposed action will not have a significant adverse environmental impact. By completing the certification on the next page, the lead agency can complete its determination of significance.

**Reasons Supporting This Determination:**

To complete this section:

- Identify the impact based on the Part 2 responses and describe its magnitude. Magnitude considers factors such as severity, size or extent of an impact.
- Assess the importance of the impact. Importance relates to the geographic scope, duration, probability of the impact occurring, number of people affected by the impact and any additional environmental consequences if the impact were to occur.
- The assessment should take into consideration any design element or project changes.
- Repeat this process for each Part 2 question where the impact has been identified as potentially moderate to large or where there is a need to explain why a particular element of the proposed action will not, or may, result in a significant adverse environmental impact.
- Provide the reason(s) why the impact may, or will not, result in a significant adverse environmental impact
- For Conditional Negative Declarations identify the specific condition(s) imposed that will modify the proposed action so that no significant adverse environmental impacts will result.
- Attach additional sheets, as needed.

Please refer to the attached SEQR Negative Declaration, Notice of Determination of Non-Significance, including supportive reasoning, adopted on November 13, 2025.

**Determination of Significance - Type 1 and Unlisted Actions**

SEQR Status:  Type 1  Unlisted

Identify portions of EAF completed for this Project:  Part 1  Part 2  Part 3

**6 NYCRR §617.7**

**STATE ENVIRONMENTAL QUALITY REVIEW (SEQR)**

**NEGATIVE DECLARATION**

**NOTICE OF DETERMINATION OF NON-SIGNIFICANCE**

This notice is issued pursuant to Part 617 of the implementing regulations pertaining to Article 8 of the Environmental Conservation Law (State Environmental Quality Review Act or “SEQRA”).

The Planning Board of the Town of Fishkill, as Lead Agency, has determined that the proposed action described below will not have a significant adverse environmental impact and therefore preparation of an Environmental Impact Statement is not required.

**Name of Action:** Fishkill Medical Park – Special Use Permit; Site Development Plan and Subdivision

**SEQR Status:** Type 1\*   
Unlisted

**Conditioned Negative Declaration:** Yes   
No

**Description of Action:**

The Applicant is seeking Special Use Permit, Site Development Plan and Subdivision Approval (Code of the Town of Fishkill, Chapter 150, Zoning, Article X, Sections 150-95 through 150-100, Site Development Plan Approval; Chapter 150, Article XI, Sections 150-105 through 150-112, Special Use Permits; and Chapter 132 Subdivision of Land) for the development of professional office buildings for medical care (medical office park) on two (2) of the three (3) resulting lots. The proposed development consists of a medical office park with two (2) office buildings, each on its own lot, with interconnected sidewalks, driveways, paved parking areas, stormwater management facilities, landscaping and other improvements.

- Medical Office Building 1 is a two (2)-story building with a 15,388 square foot (SF) footprint, which is served by 164 parking spaces, including 12 handicapped (ADA) spaces.
- Building 2 is a one (1)-story building with an 11,310 SF footprint, which is served by 72 parking spaces, including 4 ADA spaces.

An on and off-site improvement will be required to convey the proposed site’s effluent from the proposed sanitary sewer pump station on the north side of the site via a proposed two-inch (2”) force main. The force main will continue, conveying the effluent under Interstate 84 (I-84) to the Village of Fishkill South Sewer Interceptor, which is served by the Village of Fishkill Wastewater Treatment Facility.

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\*The proposed action was originally classified as an Unlisted action. However, it is in proximity to the Fishkill Supply Depot, a historical and archaeological site, and the proposed area of disturbance (6.84 acres) would exceed the threshold for disturbance near such a site per SEQR section 617.4 Type I actions, subsection 617.4 (b)(9). Accordingly, the Planning Board has reclassified the proposed action as a Type 1 action.

A single 15' by 40' delivery and loading space will be shared by the two (2) proposed buildings. After construction is complete, split rail fencing will be installed along the outer edge of the wetland buffer or the limit of disturbance. A tree preservation plan is proposed for all areas outside of the proposed limits of disturbance. Within the proposed developed area related site improvements include utilities, landscaping consisting of 119 trees, 195 shrubs, wetland area plants and lawn area; and site lighting for building exteriors, walkways, parking and accessways.

The proposed medical office park development and related improvements would be located on two (2) separate parcels (proposed lots 1 and 2) resulting from a lot line revision between and resubdivision of the two (2) existing parcels. The proposed lot line revision and resubdivision will result in the creation of a third parcel (proposed lot 3), which would remain vacant as no development is proposed at this time. Specifically, Building 1 will be located on Lot 1 (21.70 acres), Building 2 will be located on Lot 2 (12.01 acres), and no development is proposed on Lot 3 (14.10 acres). The combined acreage of the area proposed for development (Lots 1 and 2) is 33.71 acres on which 6.84 acres (297,873 SF) or 20 percent (20%) of land disturbance is proposed.

The 33.71-acre site is located in the R-40 Single-Family Residential Zoning District. The proposed medical office park shall be accessed from Snook Road, a town road.

The existing parcels for this proposal are identified as Tax Map Parcels No. 6255-00-255525 (9.93 acres) and 6255-00-468570 (37.84 acres), located at Snook Road. The total of the two (2) existing lots is 47.77 acres in the R-40 Residential District. As noted above, the combination of the two (2) existing lots and subsequent subdivision into 3 lots results in:

- Lot 1 (21.70 acres) and Lot 2 (12.01 acres) being part of the proposed medical office park development (total of 33.71 acres); and
- Lot 3 (14.10 acres) remaining vacant.

The two (2) proposed medical office park lots comply with all Town of Fishkill Zoning Bulk Regulations for the R-40 District, including lot size and all yard setbacks. The project as depicted in site plans and architectural illustrations complies with Special Use Permit, Site Development Plan and Subdivision requirements and standards and is consistent with nearby community character.

The site consists of existing primarily pervious natural materials (rock, gravel, sand, soil, trees, grassy and brushy areas, etc. Some tree removal is proposed, which is limited to the proposed area of disturbance. Refer to plan sheet TP-1, Tree Preservation Plan, including the "General Notes" thereon; and sheet LS-1 Landscape Plan, which are part of the overall site plan set, last revised September 17, 2025, including 21 plan sheets. The "General Notes" on Sheet TP-1 specify that all trees within the limits of disturbance will be removed, which will be mitigated by installing 119 trees as depicted on the Landscaping Plan. After construction, orange fencing will be removed to be replaced by split rail fence to protect wetland and wetland buffer areas.

**Location:**

The proposed project is located on the northern side of Snook Road approximately 0.2 miles east of its intersection with US Route 9, in the Town of Fishkill, County of Dutchess.

**Reasons for Supporting this Determination:**

The Planning Board of the Town of Fishkill, as Lead Agency, has reviewed the action, identified all relevant areas of environmental concern, and has considered the project plans and the completed Full Environmental Assessment Form (Full EAF), Parts 1, 2 and 3, and all relevant supporting documentation, and has compared the impacts that can reasonably be expected to result from the proposed action with the criteria set forth in 6 NYCRR § 617.7(c) and hereby determines that no significant adverse impacts associated with the proposed action have been identified and therefore, preparation of an Environmental Impact Statement is not required.

The Planning Board makes the following findings supporting and substantiating this Determination:

1. The proposed action, a site development involving the development of a medical office park, will have a small impact on **land** as it will involve construction on land where the depth to water table is less than 3 feet. Specifically, the creation of the proposed stormwater management system requires grading in wetland buffer areas. Refer to the site plan set, sheets L-1 through L-3, Layout Plan; G-1 through G-3, Grading Plan; and ESC-1 Erosion & Sediment Control Plan. On sheets G-1 through G-3 Grading Plan, note the three (3) shaded areas, which are Wetland Disturbance Areas A, B, and C. These are small areas of proposed grading occurring within the buffer area of New York State Department of Environmental Conservation (NYSDEC) Freshwater Wetlands, Federal Jurisdictional and Town of Fishkill Wetlands.

The three (3) small areas of wetland buffer disturbance (0.03 acre [ac.], 0.07 ac., and 0.03 ac.) are shown on the proposed grading plans. The total wetland buffer disturbance of 0.13 acres would be a minor disturbance given the area of wetlands and buffers left untouched on the site. Refer to ESC-1 Erosion & Sediment Control Plan, which labels the NYSDEC 100' Adjacent Area. ESC-1 also indicates that placement of both silt fence (SF) and orange construction fence (OCF) are proposed to provide two (2) types of protection: silt fence to prevent or limit sediment entering the buffer and wetland area; and orange construction fence to provide an actual and visual barrier to persons involved in construction to prevent persons and machinery from entering the buffer and wetland area. The temporary orange fencing for protection of the wetland areas during construction will be removed and replaced with split rail fence to continue protection of wetland and wetland buffer areas after construction is complete.

2. The proposed action, the development of a medical office park with proposed connections to public water supply and public wastewater treatment facilities, will have a small impact on **land** as the process of site development may result in increased erosion from physical disturbance and vegetation removal. The reliance on public wastewater treatment facilities eliminates the need for a subsurface sewage discharge system (SSDS), which would have required a larger land disturbance area for site development. Additionally, if proposed, a large-scale SSDS would have had potential adverse effects on the aquifer underlying the site and surrounding areas.

Of the combined acreage of the site proposed for development (Lots 1 and 2), which is 33.71 acres, only 6.84 acres (297,873 SF) or 20 percent (20%) of land disturbance is proposed per the site plans. The proposed medical office park and improvements are proposed to be situated in a relatively

compact 6.84-acre portion of the site which would include: two (2) proposed buildings with footprints of 15,388 (2-story) and 11,310 SF (1-story); a total of 236 parking spaces in 2 separate parking areas, a single shared loading area, sidewalks, driveways, stormwater management facilities, landscaping and other improvements. Land disturbance, including excavation and grading, can result in erosion and sedimentation impacts on nearby drainage ways and access ways (such as driveways, roads, etc.). The temporary orange fencing proposed for the protection of the wetland areas during construction will be replaced with split rail fencing to continue the protection of wetland and wetland buffer areas after construction is complete.

Refer to the site plan set, sheets L-1 through L-3, Layout Plan; G-1 through G-3 Grading Plan; and ESC-1 Erosion & Sediment Control Plan, to note the compact area of disturbance within the western end of the larger site and silt fence and other materials encircling the site to prevent sediment from escaping the site during construction. The detailed plans incorporate measures to prevent erosion and sedimentation on, near and beyond the site such as the proposed stone construction entrance, which would prevent sediment from leaving the site resulting in sedimentation of off-site stormwater systems along Snook Road.

3. The proposed action, a site development including the development of a medical office park, will have a number of small impacts on **surface water** as the process of site development may result in some increased stormwater runoff and erosion from physical disturbance of land. Specific potential impacts on surface water are related to: construction adjoining a freshwater wetland; the potential creation of turbidity in the nearby wetland from upland erosion or runoff; the construction of an outfall for discharge of wastewater (stormwater runoff) to surface water; runoff causing soil erosion that may lead to siltation of receiving water bodies; and sedimentation affecting the water quality of water bodies downstream of the site.

As noted above, the proposed medical office park and improvements would be situated in a relatively compact 6.84-acre portion of the site which would include: two (2) proposed buildings with footprints of 15,388 (2-story) and 11,310 SF (1-story); 236 parking spaces in two (2) separate areas, a single shared loading area, sidewalks, driveways, stormwater management facilities, landscaping and other improvements. The proposed site development may have small impacts on **surface water** bodies such as on- and off-site drainageways, including tributaries to the Clove and Fishkill Creeks. Land disturbance, including excavation and grading, can result in erosion and sedimentation impacts on nearby drainageways. The proposed action may cause the creation of a source of stormwater discharge that may lead to siltation or other degradation of nearby receiving water bodies, which would include the Clove Creek (Classified C, C[T/S]). The classification means that it is a waterbody with protected status for "Fisheries, non-contact activities", which "may support trout spawning" per the New York State Department of Environmental Conservation's (NYSDEC's) protection of waters program.

Stormwater runoff from the site after development would potentially enter into existing drainage pathways to the Clove Creek, which is in the vicinity of the site and is a tributary to the Fishkill Creek. The proposed disturbed area is 6.84 acres within a 33.71-acre site, so this impact would be small. The impact of stormwater runoff would be mitigated by conveyance via roof leaders from the

proposed medical buildings and the system of drainage pathways with catch basins along driveways, parking areas and other impervious surface areas to the stormwater system and infiltration basins. Also, the proposed action includes measures to prevent erosion and sedimentation on and near the site such as silt fence as shown on the plan sheet ESC-1 Erosion & Sediment Control Plan.

4. A related potential impact to **surface water** would be the effect of runoff on the water quality of downstream water bodies. Specifically, if the proposed on-site stormwater management system is overwhelmed, contamination from the site may enter the tributaries to the Clove Creek and downstream waterways.

The Planning Board's consulting engineer noted in a February 10, 2025 memorandum that the December 9, 2024 CPL comments were reviewed, noting that the previously submitted Storm Water Pollution Prevention Plan (SWPPP) was found to be acceptable.

5. The proposed site development, a medical office park, will have two (2) moderate impacts on **archeological resources**. The two (2) impacts include the following:
  - a. The proposed action will occur within and substantially contiguous to an archaeological site which has been determined to be eligible for listing on the national or state register of historic places. Specifically, the Snook Road Precontact Site 2 is eligible for the National Register Criterion D requiring Phase 3 Mitigation. A Phase 3 Data Retrieval study per the proposed data retrieval plan (DRP) will be implemented as mitigation, and
  - b. The Snook Road: Precontact Site; Precontact Site 3; and Farmstead Historic Site are Undetermined, so they require Avoidance and Protection Plans per the State Historic Preservation Office (SHPO), which will be implemented as mitigation.

The project site has been the subject of three (3) separate prior archeological investigations that were conducted within the currently proposed area of potential effect (APE) of the Fishkill Medical Park APE, which is 6.96 acres. The prior archeological investigations were conducted by Greenhouse Consultants in 2001, 2002, and 2011 related to a previously proposed development on the project site.

Recent investigations were conducted by Hartgen Archeological Associates, Inc., as part of the materials submitted for the review of the current Fishkill Medical Park project. The recent September 2025 document entitled Phase 3 Archaeological Data Retrieval Plan and Avoidance Plan, Fishkill Medical Park, Snook Road Precontact Site 2 (Site number 02706.000146) was prepared by Hartgen Archeological Associates, Inc. The prior three (3) archeological investigations are summarized in the September 2025 document by Hartgen.

The Phase 3 Archaeological Data Retrieval Plan and Avoidance Plan report summary (page i) states the following about Snook Road Precontact Site 2:

*“The Snook Road Precontact Site 2 represents evidence of precontact occupation of the area. It is evidenced by lithic debris for the production of stone tools, and has the potential for soil features which will produce information on how the site was utilized by Indigenous peoples. This DRP outlines a proposed field effort of 30 shovel tests at 5 meter intervals to further identify soils and potential artifact concentrations prior to the excavation of 40 square meters of unit excavation. The artifact collection and information about soil features will be collected, analyzed, and curated to interpret past activities within the site, and the broader landscape as it related to precontact sites nearby. The public education of the plan provides for copies of the report for the Dutchess County Historical Society and a presentation of excavation findings be completed for the Dutchess County Historical Society and public.”*

The Phase 3 Archaeological Data Retrieval Plan and Avoidance Plan, Fishkill Medical Park, Snook Road Precontact Site 2 was submitted to the New York State Office of Parks, Recreation and Historic Preservation (NYS OPRHP or SHPO) via the SHPO’s Cultural Resource Information System (CRIS) platform. Submittals were made to SHPO via the CRIS for prior archeological investigation reports about Fishkill Medical Park for the proposed action. As a result of the recent submittal, an October 10, 2025 letter from NYS OPRHP was sent to the Applicant’s representative, noting the need for minor revisions, yet indicating the following:

“OPRHP has reviewed the Phase 3 Data Retrieval Plan (DRP) and Avoidance Plan prepared for this project by Hartgen Archeological Associates (Galdun et al, September 2025). The DRP outlines the research parameters and questions associated with the investigation of the Snook Road Precontact Site 2 (USN 02706.000146), and the planned avoidance of Snook Road Prehistoric Site (USN 02706.000061), the Snook Road Farmstead Historic Site (USN 02706.000145), and the Snook Road Precontact Site 3 (USN 02706.000147).”

Through archeological consultation with the OPRHP, the Applicant has clearly identified the potential impacts of land development on and set forth the steps necessary for mitigation of land development on a site including Snook Road Precontact Site 2 (USN 02706.000146).

The Applicant’s consultation with OPRHP has also clearly identified the potential impacts of land development on and the steps necessary for mitigation via the planned avoidance of Snook Road Prehistoric Site (USN 02706.000061), the Snook Road Farmstead Historic Site (USN 02706.000145), and the Snook Road Precontact Site 3 (USN 02706.000147).

The submittal of the OPRHP requested minor revisions, resulted in a November 13, 2025 letter response from OPRHP stating the following:

“OPRHP has reviewed the revised Phase 3 Archeological Data Retrieval Plan and Avoidance Plan (DRP/AP) prepared for this project by Hartgen Archeological Associates (HAA) (Galdun et al, September 2025). The recommended revisions have been made to the document, and thus OPRHP has no further comments for the DRP/AP and concurs with the proposed DRP/AP.”

*Page 8 of 8*  
*State Environmental Quality Review (SEQR)*  
*Negative Declaration*  
*Notice of Determination of Non-Significance*  
*Fishkill Medical Park - Special Use Permit & Site Development Plan*

cc: Supervisor Albra and Town Board Members  
Elizabeth Axelson, AICP, Town Planner  
Dennis Lynch, P.E., Town Engineer  
Dominic Cordisco, Esq., Town Planning Board Attorney  
Jennifer Coccozza, Deputy Commissioner - DC Department of Planning and Development  
Tiernan Darcy, Environmental Engineering Technician - NYSDEC  
William Muller, Chair of the Board of Fire Commissioners - Rombout Fire District  
Joel J. Petrus, Town Building Inspector/Zoning Administrator  
Joselyn Ferguson, PH.D. Scientist - Archaeology - NYSOPRHP  
Timothy Tyrrell, Zoning Board of Appeals Chair and Zoning Board of Appeals Members  
Rebecca Tompkins, Town Clerk  
Jeff Kane, AICP, Representative for the Applicant

# **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?<br><b>NOT APPLICABLE</b> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/>  | <input 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 checked="" type="checkbox"/>  | <input 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"/> |                          |
| <b>Part III.</b> |  | <b>Yes</b>   | <b>No</b>                           |                          |
| 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"/> |
|                  | <b>Agency Name:</b>  | Town of Fishkill Planning Board  |                                     |                          |
|                  | Contact Name:  | Debbie Collona, Planning Board Secretary/Zoning Board of Appeals Secretary/Network Administrator |                                     |                          |
|                  | Address:   | 807 Route 52   |                                     |                          |
|                  | State and Zip Code:  | Fishkill, NY 12524   |                                     |                          |
|                  | E-Mail Address:  | <a href="mailto:dcolonna@fishkill-ny.gov">dcolonna@fishkill-ny.gov</a>                           |                                     |                          |
|                  | Phone Number:  | (845) 831-7800 ext. 3328   |                                     |                          |
|                  | <b>Agency Name:</b>  | Dutchess County Department of Health   |                                     |                          |
|                  | Contact Name:  | Jim Upright, P.E.  |                                     |                          |
|                  | Address:   | 85 Civic Center Plaza, Suite 106   |                                     |                          |
|                  | State and Zip Code:  | Poughkeepsie, NY 12601   |                                     |                          |
|                  | E-Mail Address:  | <a href="mailto:jupright@dutchessny.gov">jupright@dutchessny.gov</a>                             |                                     |                          |
|                  | Phone Number:  | 845-486-3459   |                                     |                          |
|                  | <b>Agency Name:</b>  | OPRHP  |                                     |                          |
| Contact Name:    | Josalyn Ferguson, Ph.D.  |  |                                     |                          |

|                 |  |  |  |   |                                     |
|-----------------|--|--|--|---|-------------------------------------|
|                 | Address:   | Peebles Island State Park, P.O. Box 189  |  |   |                                     |
|                 | State and Zip Code:  | Waterford, NY 12188-0189   |  |   |                                     |
|                 | E-Mail Address:  | <a href="mailto:Josalyn.Ferguson@parks.ny.gov">Josalyn.Ferguson@parks.ny.gov</a>                       |  |   |                                     |
|                 | Phone Number:  | (518) 268-2166   |  |   |                                     |
|                 | <b>Agency Name:</b>  | NYS DOT  |  |   |                                     |
|                 | Contact Name:  | Holly Frey, RLA  |  |   |                                     |
|                 | Address:   | 4 Burnett Blvd.  |  |   |                                     |
|                 | State and Zip Code:  | Poughkeepsie NY 12603  |  |   |                                     |
|                 | E-Mail Address:  | <a href="mailto:Holly.Frey@dot.ny.gov">Holly.Frey@dot.ny.gov</a>                                       |  |   |                                     |
|                 | Phone Number:  | 845-431-2317   |  |   |                                     |
| 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. <i>SEQRA Negative declaration adopted 11/13/25 and attached.</i>                               |  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |                                     |
|                 | <b>Agency Name:</b>  | Town of Fishkill Planning Board  |  |   |                                     |
|                 | Contact Name:  | Debbie Collona, Planning Board<br>Secretary/Zoning Board of Appeals<br>Secretary/Network Administrator |  |   |                                     |
|                 | Address:   | 807 Route 52   |  |   |                                     |
|                 | State and Zip Code:  | Fishkill, NY 12524   |  |   |                                     |
|                 | E-Mail Address:  | <a href="mailto:dcolonna@fishkill-ny.gov">dcolonna@fishkill-ny.gov</a>                                 |  |   |                                     |
|                 | Phone Number:  | (845) 831-7800 ext. 3328   |  |   |                                     |
| 3.3             | Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.   |  | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |                                     |
| <b>Part IV.</b> | <b>Storm and Flood Mitigation</b>  |  |  |   |                                     |
|                 | 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"/> |
|                 | <b>Moderate to Low Risk Area</b>   |  |  | Yes                                       | No                                  |
|                 | <b>Zone</b>  | <b>Description</b>   |  | <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>B and X</b>   | 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"/> |                                     |
| <b>C and X</b>   | Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.  | <input type="checkbox"/> |                                     |
| <b>High Risk Areas</b>   |   | <b>Yes</b>               | <b>No</b>                           |
| <b>Zone</b>  | <b>Description</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones: |   |                          |                                     |
| <b>A</b>   | 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"/> |                                     |
| <b>AE</b>  | 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"/> |                                     |
| <b>A1-30</b>   | 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"/> |                                     |
| <b>AH</b>  | 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"/> |                                     |
| <b>AO</b>  | 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"/> |                                     |
| <b>AR</b>  | 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"/> |                                     |
| <b>A99</b>   | 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"/> |                                     |
| <b>High Risk Coastal Area</b>  |   | <b>Yes</b>               | <b>No</b>                           |
| <b>Zone</b>  | <b>Description</b>  |                          |                                     |
| In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones: |   |                          |                                     |
| <b>Zone V</b>  | 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"/> |
| <b>VE, V1 - 30</b>   | 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"/> |                                     |

|     |  | <b>Undetermined Risk Area</b> |   | <b>Yes</b>               | <b>No</b>                           |
|-----|--|-------------------------------|---|--------------------------|-------------------------------------|
|     |  | <b>Zone</b>                   | <b>Description</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|     |  | <b>D</b>                      | 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](#)

## **FEMA Form - NOT APPLICABLE**

Please refer to the Schedule 6 Attachment for the Environmental Assessment Form

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

1. Financial Narrative
2. Landlord-Tenant Affidavit
3. Letters of Rent Reasonableness
4. Lease
5. Financial Statements
6. Bank Statements



**Table 2 - Equipment being replaced:**

List only equipment that is being replaced on a one for one basis. On the first line list the new equipment. On the second line list the equipment that is being replaced.

| Sub project Number  | Functional Code | Description of equipment, including model, manufacturer, and year of manufacturer where applicable. | Number of units | Disposition | Estimated Current Value |
|---|-----------------|---|-----------------|-------------|-------------------------|
|   |                 | Not Applicable  |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
|   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 1   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 2   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 3   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 4   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 5   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 6   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 7   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Subproject 8   |                 |   |                 |             |                         |
| Total estimated value of equipment being replaced: Whole Project: |                 |   |                 |             | 0                       |

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

Moveable Equipment List

# New York State Department of Health Certificate of Need Application

## Schedule 13 B-2. Medical/Center Director and Transfer Agreements

*All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.*

| Medical/Center Director                       |                     |
|---|---------------------|
| Name of Medical/Center Director:              | Sunil Khurana, M.D. |
| License number of the Medical/Center Director | 143056              |

|   | Not Applicable           | Title of Attachment                             | Filename of attachment |
|---|--------------------------|---|------------------------|
| Attach a copy of the Medical/Center Director's curriculum vitae | <input type="checkbox"/> | Existing and approved Medical Director in place |                        |

| Transfer & Affiliation Agreement  |   |
|---|---|
| Hospital(s) with which an affiliation agreement is being negotiated   | 21 Reade Place ASC, LLC (Bridgeview Endoscopy) has an existing and approved Transfer and Affiliation Agreement in place with Vassar Brothers Medical Center, which will be extended to this new extension clinic. |
| <ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the Hospital affiliate.</li> </ul>                   | 13 miles  |
| <ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the Hospital affiliate.</li> </ul>  | 23 minutes  |
| <ul style="list-style-type: none"> <li>○ Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate.</li> </ul> | N/A <input checked="" type="checkbox"/><br>Attachment Name:   |
| Name of the <b>nearest</b> Hospital to the proposed facility  | Montefiore SLC Hospital   |
| <ul style="list-style-type: none"> <li>○ Distance in miles from the proposed facility to the nearest hospital.</li> </ul>                     | 9 miles   |
| <ul style="list-style-type: none"> <li>○ Distance in minutes of travel time from the proposed facility to the nearest hospital.</li> </ul>    | 13 minutes  |

**Schedule 17 A - Diagnostic and Treatment Center Program Information.**

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Instructions:** In the space below, briefly indicate how the facility intends to comply with state and federal regulations. If the application involves conversion of an existing practice, state who owns the practice and how the conversion will be done. If there are other entities utilizing the same space or resources, please state exactly how the space and resources will be allocated. Also, provide a description of the other entities.

21 Reade Place ASC, LLC doing business as Bridgeview Endoscopy (Bridgeview) is submitting this Full Review Certificate of Need (C.O.N.) Application seeking approval to certify and construct a single-specialty (gastroenterology) extension clinic of its existing single-specialty (gastroenterology) freestanding ambulatory surgical center (FASC), which is located at 21 Reade Place, Poughkeepsie (Dutchess County), New York 12601. The proposed extension clinic will be fit-out in a to-be-constructed building located on Snook Road, Fishkill (Dutchess County), New York 12524, which is approximately 13.5 miles and 27 minutes' travel time from Bridgeview's main FASC site (PFI No. 9705). This project is driven by two (2) components: 1) it will convert one (1) existing private office-based surgical practice (consisting of two (2) physicians), which is located in New Windsor (Orange County), New York, into a single-specialty Article 28 D&TC/FASC extension clinic; and 2) it will enable Bridgeview to relocate approximately 2,800 existing gastroenterology cases from its main FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients.

The proposed extension clinic will be operated in compliance with applicable local, State and Federal regulations, including Title 10 of New York Codes, Rules and Regulations (10 NYCRR). The extension clinic will be open Monday through Friday from 7:00 a.m. to 3:30 p.m. As the extension clinic matures, it is expected that an expanded operating schedule will be maintained to accommodate the needs of both patients and physicians. Weekend and/or evening procedures will be made available, if needed, to accommodate patient scheduling issues.

Sunil Khurana, M.D. (License No. 143056), who is the managing member of Bridgeview and is a board-certified gastroenterologist, is the existing and approved Medical Director of Bridgeview and will continue to serve as the Medical Director as well as perform gastroenterology procedures at the proposed extension clinic.

The overall staffing pattern of the proposed extension clinic will be based upon demand and will ensure the provision of high-quality services. In addition, the services of the Center will be coordinated with all inpatient or other specialty ambulatory facilities to which a patient is referred. A Quality Assurance (QA) Program will be put in place at the proposed extension clinic and will include an analysis of the effectiveness of these coordination efforts. The applicant has an existing and approved Transfer and Affiliation Agreement in place with Vassar Brothers Medical Center, which will be extended to this new extension clinic.

To ensure that all procedures are appropriate to an individual's needs, the extension clinic will use a comprehensive utilization review and monitoring program. The appropriate utilization of the services will be monitored through the QA Program, under the supervision of the Medical Director.

The Medical Director will be responsible for the development of Medical Staff bylaws, rules and regulations, the establishment of a Quality Assurance Committee for evaluation of the medical care provided, and for the establishment of the Credentials Committee, which will review applications for staff privileges.

The ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment based on ability to pay. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic or qualification.

Please refer to the Schedule 17 Attachment for statements affirmatively attesting to the "separate and distinct" requirements for the proposed extension clinic. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

# New York State Department of Health Certificate of Need Application

## Schedule 17A

For D&TC -Ambulatory Surgery Projects:  
Please provide a list of ambulatory surgery categories you intend to provide.

| List of Proposed Ambulatory Surgery Category |
|--|
| <b>Single-specialty (gastroenterology)</b>   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

For D&TC -Ambulatory Surgery Projects:  
Please provide the following information:

Number and Type of Operating Rooms:

- Current: **0**
- To be added: **0**
- Total ORs upon Completion of the Project: **0**

Number and Type of Procedure Rooms:

- Current: **0**
- To be added: **4**
- Total Procedure Rooms upon Completion of the Project: **4**

**Schedule 17 B - Community Need**

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Public Need Summary:**

Briefly summarize on this schedule, why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

Dutchess County will be the primary service area for this project. Please refer to the Project Narrative under the Schedule 1 Attachment.

2. Provide a quantitative and qualitative description of the population to be served. (Qualitative data may include median income, ethnicity, payor mix, etc.)

Please refer to the Project Narrative under the Schedule 1 Attachment.

3. Document the current and projected demand for the proposed services. If the proposed services are covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

Please refer to the Project Narrative under the Schedule 1 Attachment.

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

The volume of ambulatory surgery in the United States and New York State is expected to continue to grow into the future. This application addresses the increasing need for additional capacity to address this growing volume of ambulatory surgery. It is the applicant's position that the ambulatory surgery "pie" is growing, and that the proposed extension clinic will meet an unmet need in the service area community with respect to Article 28 freestanding ambulatory surgery centers. Please see the Project Narrative under the Schedule 1 Attachment for additional information.

- (b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

The applicant commits that all patients will be treated based on the need for the procedure, without discrimination due to any personal characteristics or ability to pay. The extension clinic will provide a needed resource, and due to the expertise of the participating surgeons, will enhance access to a variety of ambulatory surgery procedures in a high-quality manner. The applicant recognizes the extension clinic requires a constant focus on providing services, improvements and other efficiencies to achieve its mission to serve all persons in need of services in the community. The certification of this extension clinic will enable it to meet this need. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

- (c) Will the proposed project serve all patients needing care, regardless of their ability to pay or the source of payment? If so, please provide such a statement.

The ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused treatment based on ability to pay. The Center will provide care to indigent patients regardless of ability to pay. Financial Assistance will be available to all qualified persons regardless of race, color, creed, sexual orientation, ethnic origin or other personal characteristics or qualification. As evidence of the applicant's commitment to meeting this goal, the budget projects 2% charity care and 5% Medicaid utilization. Please also see the Project Narrative under the Schedule 1 Attachment.

5. Describe where and how the population to be served currently receives the proposed services.

The goal of this project is to provide outstanding clinical care by bringing existing procedures that are currently being performed in private physician office settings, into an Article 28 D&TC/FASC extension clinic, thus providing a measure of compliance with the latest standards of safe health care delivery. There will be no procedures that come from local hospitals. Please refer to the Project Narrative under the Schedule 1 Attachment.

*ONLY For Applicants Seeking Permanent Life*    **NOT APPLICABLE**

**Diagnostic and Treatment Centers seeking approval for a Permanent Life MUST provide the following information:**

**Instructions:** In the space below, please provide detailed information on the **most recent CON application** that was approved for the limited life.

- i. CON number:
- ii. Date of approval:
- iii. Number of years of limited life approved for:
- iv. OpCert number and dates:
- v. Please provide a table with information on projections by payor for year 1 and year 3 **as reported on the approved CON**. (Please identify the projections in terms of **visits or procedures**).
- vi. Please provide a table with information on actual utilization by payor for each year since the implementation of the approved CON.

**Note:** Please use the same category of payors for actual utilization as those used for projections in item 'v' above. Also, use the same category (i.e., **visits or procedures**) for actual utilization as those used for projections in item 'v' above.

- vii. Did you achieve those projections reported in item 'v' above?  
If not, please give reasons for not meeting those projections.  
How do you plan to improve this shortfall?

**Quality and Accreditation:**

1. Please cite relevant accreditations, certifications or awards attained by the applicant which build confidence in services of high quality. Examples include certification as a Federally Qualified Neighborhood Health Center.

The goal of this project is to provide outstanding clinical care by bringing existing procedures into the regulatory environment of Article 28 and thus providing a measure of compliance with the latest standards of safe health care delivery. In addition, it will enable Bridgeview to relocate approximately 2,800 existing gastroenterology cases from its main FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients. Upon approval of this application, the extension clinic will aim to improve the health and quality of life of its patients by providing comprehensive, expert, evidence-based care in its state-of-the-art facility. Any physician who practices at the extension clinic will be Board-Certified or Board-Eligible. The extension clinic will be certified by CMS and will be fully HIPAA compliant. In addition to this, the extension clinic will seek to be accredited by one of the approved accreditation associations during the first two (2) years of operations.

# New York State Department of Health Certificate of Need Application

## Schedule 17B

The extension clinic, with assistance from the Medical Director and medical staff, and approval of this project, will develop and implement policies and procedures designed to minimize avoidable risks. These policies and procedures will be modified to address problems that have been identified through the experience and vigilance of the extension clinic's staff. It will be the responsibility of the Medical Director and the medical staff to maintain the necessary information base for the identification of problems so that situations that may threaten patients' well-being can be promptly corrected.

To ensure maximum quality of care, the extension clinic will develop and maintain a medical audit and review system under the direct supervision of the Medical Director. The Quality Assurance (QA) Committee will be responsible for investigating the results of procedures, reviewing the appropriateness and necessity of same, reviewing procedural complications and circumstances leading to hospitalizations, reviewing the use of anesthesia and pharmaceutical services, maintaining statistics on terminated procedures and complications, performing random chart audits, conducting staffing level reviews, monitoring environmental quality (including equipment, plant, maintenance and housekeeping) and directing programs for correcting identified problems. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

2. Describe relevant programs or resources the applicant will bring to the new facility. Include existing programs that have proven track records at the applicant's other sites, if applicable, as well as programs the applicant plans for the future. Such programs include:
  - a. Programs specially tailored to the health needs of the population of the service area.
  - b. Grant funded programs.
  - c. Scholarships or fellowships.

The applicant's mission is for the extension clinic to provide patients and physicians with unparalleled service, comfort, convenience and setting. The extension clinic will have a variety of amenities and patient care quality and convenience factors that will ensure a high and desirable level of care and service. The extension clinic's strategic plan is to provide high-quality services in the community in which it operates, consistent with New York State and Federal government initiatives promoting wellness, prevention and access. The extension clinic's goals will include quality and access to the residents of the community that it serves. The operation of the extension clinic will facilitate the extension clinic's ongoing ability to provide these services.

Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

3. Describe the applicant's experience or track record serving similar populations:

The goal of this project is to provide outstanding clinical care by bringing existing procedures into the regulatory environment of Article 28 and thus providing a measure of compliance with the latest standards of safe health care delivery. In addition, it will enable Bridgeview to relocate approximately 2,800 existing gastroenterology cases from its main D&TC/FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients. The extension clinic will be located in an area of New York State that needs the services contemplated in this application. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

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**Schedule 17B**

**Primary and Specialty Care Services Review Criteria:  
Expansion of Services**

**NOT APPLICABLE**

When a CON application proposes conversion of a group or solo medical practice to Article 28 status, the applicant must provide a written analysis of the effect of the proposal on the following factors:

1. The full time equivalent (FTE) number of primary care physicians and specialists, by specialty, engaged in the practice after the conversion compared with the number before conversion.

**NOT APPLICABLE**

2. The (FTE) number of non-physician providers of primary care and specialty care, by specialty, such as Physician Assistants, Certified Nurse Practitioners, Physical Therapists, and Dental Assistants after the conversion compared with the number before conversion.

**NOT APPLICABLE**

3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.

**NOT APPLICABLE**

4. The array of services to underserved clients after the conversion compared with the number before conversion.

**NOT APPLICABLE**

**Target Population and Service Area:**

**NOT APPLICABLE**

All applications involving primary care services must provide a written analysis that clearly demonstrates that the proposal meets at least one of the following criteria. For criteria that do not apply, enter "not applicable":

1. The proposed clinic is in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

**NOT APPLICABLE**

2. The population to be served exhibits poor health status, as measured by factors such as high levels of inpatient discharges for ambulatory care sensitive conditions (ACSC), incidences of diseases and conditions in excess of standards in Healthy People 2010 or other pertinent indicators.

**NOT APPLICABLE**

3. The primary care services of the proposed clinic will be targeted to a group or population with special needs or conditions that make it difficult for them to obtain adequate primary care in clinics or physician practices serving the general population. Examples of such needs and conditions are:
- Developmental disabilities.
  - HIV.
  - Alcohol Substance Abuse.
  - Health needs relating to aging.
  - Mental Health needs.
  - Homelessness
  - Linguistic or cultural barriers in obtaining access to primary care.

**NOT APPLICABLE**

**Capacity of Existing Primary Care Providers**

**NOT APPLICABLE**

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care services available through private practices. The narrative should indicate whether travel time and transportation are factors in access to primary care. Examples of travel related issues include topography, seasonal weather conditions, and availability of public transportation. Applicants are not expected to describe the volume of services delivered by existing providers, since they will rarely have access to such data, but the project narrative should indicate that the applicant is reasonably familiar with the overall availability of primary care in the targeted area.

In instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the following need related factors:

- The ratio of primary care physicians to population in the proposed service area. HPSA uses a ratio of 1.0 FTE physicians to 3000 persons; Medicaid Managed Care uses a ratio of 1 to 1500.
- The number of primary care physicians in the proposed service area who are "active" in serving the Medicaid population. This is often measured as physicians who are reimbursed \$5000 or more per year by Medicaid.
- The annual number of primary care visits per person by Medicaid eligible persons in the proposed service area. An average lower than 2.0 visits per person is often considered a problem.
- The percentage of the Medicaid population that is enrolled in Managed care will be taken into account where appropriate.
- The current volume of primary care visits to existing D&TC and Extension clinics.

Not all of the above criteria need be evaluated for all applications. The number will vary depending on the type and location of services proposed and on how thoroughly the application addresses need in the project narrative and the related schedules.

**NOT APPLICABLE**

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**Schedule 17B**

**Need Review for Specialty Clinics:**

Applications not involving primary care services must also provide a written analysis that clearly demonstrates that the need exists for the proposed services

- 4. Is the proposed clinic in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)?

The site of the proposed extension clinic is not in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA). Please refer to the Project Narrative under the Schedule 1 Attachment for a detailed demographic analysis of the Center's primary service area.

- 5. Describe in very specific terms the patients who require the specialty services, including the number of patients and their specific health problems, and how the proposed facility will meet their needs better than existing providers.

The two (2) new physicians (Arif Muslim, M.D. and Majed Zouhairi, M.D., AGAF) have committed to perform procedures at this proposed FASC Extension Clinic; they currently perform these procedures in their private practice at 955 Little Britain Road, New Windsor (Orange County), New York, which is approximately 13.1 miles and 20 minutes' travel time from the proposed extension clinic, as depicted in the volume commitment letters under Appendix A of the Project Narrative under the Schedule 1 Attachment. These physicians' patients who will be treated at the proposed extension clinic reside in the surrounding areas of the proposed extension clinic and are existing patients of the participating physicians' private practice. This project will provide convenient access to surgical care in an Article 28 setting for patients who are currently receiving this surgical care in a private physician office-based surgical practice. None of the projected cases are currently being performed in hospitals. In addition, it will enable Bridgeview to relocate approximately 2,800 existing gastroenterology cases from its main D&TC/FASC site, which for years, has been experiencing capacity constraints, scheduling issues and an overflow of patients. As depicted in the operating budget under Schedule 13, the Center expects to perform 3,675 procedures in Year 1 and 4,900 procedures by Year 3 as it ramps up operations in the years after opening toward the total number of expected procedures. This projection is based on the participating physicians' current caseload and their commitment to bring procedures to the Center and Bridgeview's relocation of cases and is indicative of the existing demand for the services contemplated in this Application. The Applicant expects to continue to experience annual increases to the number of procedures to account for the projected increases in the age 45 and over cohort in Dutchess County as well.

The applicant believes that there is a need for this proposed extension clinic, that this need is documented, and that, upon establishment, the proposed extension clinic will meet the demonstrated need through the provision of safe and effective ambulatory surgery services. Based on national growth trends, the extension clinic will provide a low-cost and efficient care model to the surrounding community, at a location that is convenient and accessible. Please refer to the Project Narrative under the Schedule 1 Attachment for additional information.

- 6. In the case of Dental clinics, is the application supported by the local Health Department? Is the proposal supported by the Department of Health's Bureau of Dental Services? Is the applicant participating in current dental health initiatives? Has the applicant consulted with resources such as the New York State Oral Health Technical Assistance Center?

N/A

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**Schedule 17C**

**Impact of Proposed CON on Diagnostic & Treatment Center Operating Certificate**  
**NOT APPLICABLE**

**The Sites Tab in NYSE-CON has replaced the Authorized Beds and Services Tables of Schedule 17C. The Authorized Beds and Services Tables in Schedule 17C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.**

**TABLE 17C-1 AUTHORIZED CERTIFIED SERVICES**

**Instructions:**  
For applications requesting changes to more than one location, complete a separate Table 17-C-1 for each location

| LOCATION:<br><i>(Enter street address of facility)</i>                              | <input type="checkbox"/> <b>MOBILE CLINIC DESIGNATION (217)</b><br>Check box only if extension clinic is mobile<br><i>(A mobile clinic must be an extension clinic with a fixed main site)</i> |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
|   | Existing   | Add                      | Remove                   | Proposed                 |
| MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ABORTION  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADULT DAY HEALTH - AIDS   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AMBULATORY SURGERY  |  |                          |                          |                          |
| MULTI-SPECIALTY <sup>8</sup>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – GASTROENTEROLOGY <sup>8</sup>                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – OPHTHALMOLOGY <sup>8</sup>                                       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY – ORTHOPEDICS <sup>8</sup>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY -- PAIN MANAGEMENT <sup>8</sup>                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SINGLE SPECIALTY -- OTHER (SPECIFY) <sup>8</sup>                                    | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BIRTHING SERVICE O/P  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFIED MENTAL HEALTH O/P <sup>1</sup>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - REHAB <sup>2</sup>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>                                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CLINIC PART TIME SERVICES   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CT SCANNER  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DENTAL O/P  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME HEMODIALYSIS TRAINING AND SUPPORT <sup>4</sup>                                 | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT <sup>4</sup>                          | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – MENTAL HEALTH   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LITHOTRIPSY O/P   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAGNETIC RESONANCE IMAGING (MRI)  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| METHADONE MAINTENANCE O/P   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RADIOLOGY – THERAPEUTIC O/P <sup>5</sup>  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RENAL DIALYSIS, CHRONIC [Complete the ESRD section 17C-1(a)&(b) below] <sup>4</sup> | _____  | _____                    | _____                    | _____                    |
| TRAUMATIC BRAIN INJURY PROGRAM O/P  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.  
<sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.  
<sup>4</sup> Require additional approval by Medicare  
<sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators.  
<sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric  
<sup>7</sup> Must be certified for Home Hemodialysis Training & Support

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**Schedule 17C**

END STAGE RENAL DISEASE (ESRD)

**NOT APPLICABLE**

| <b>TABLE 17C-1(a) CAPACITY</b> | Existing | Add | Remove | Proposed |
|--------------------------------|----------|-----|--------|----------|
| CHRONIC DIALYSIS               |          |     |        |          |

If application involves dialysis service with existing capacity, complete the following table:

| <b>TABLE 17C-1(b) PROCEDURES</b> | Last 12 mos | 2 years prior | 3 years prior |
|----------------------------------|-------------|---------------|---------------|
| CHRONIC DIALYSIS                 |             |               |               |

All Chronic Dialysis applicants must provide information requested on the following page in compliance with 10 NYCRR 670.6.

**END STAGE RENAL DISEASE**

NOT APPLICABLE

1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.

**NOT APPLICABLE**

2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons , and residents of remote rural areas.

**NOT APPLICABLE**

3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.

**NOT APPLICABLE**

4. Provide evidence that the facility is willing to and capable of safely serving patients.

**NOT APPLICABLE**

5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

**NOT APPLICABLE**

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**Schedule 17C**

**Table 17C-2 - Projected Utilization of Services**

The number of projected "visits" should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third years of the project. This table should contain visit estimates for services at this site alone, not for the applicant's other sites.

**THESE REPRESENT PROCEDURES**

|   | Current Year<br>Visits* | First Year<br>Visits* | Third Year<br>Visits* |
|---|-------------------------|-----------------------|-----------------------|
| <b>CERTIFIABLE SERVICES</b>                   |                         |                       |                       |
| MEDICAL SERVICES – PRIMARY CARE               |                         |                       |                       |
| MEDICAL SERVICES – SPECIALTIES                |                         |                       |                       |
| ABORTION                                      |                         |                       |                       |
| ADULT DAY HEALTH - AIDS                       |                         |                       |                       |
| AMBULATORY SURGERY – GASTROENTEROLOGY         |                         | 3,675                 | 4,900                 |
| AMBULATORY SURGERY – OPHTHALMOLOGY            |                         |                       |                       |
| AMBULATORY SURGERY – ORTHOPEDICS              |                         |                       |                       |
| AMBULATORY SURGERY -- PAIN MANAGEMENT         |                         |                       |                       |
| AMBULATORY SURGERY -- OTHER SPECIALTY**       |                         |                       |                       |
| AMBULATORY SURGERY -- MULTI-SPECIALTY         |                         |                       |                       |
| BIRTHING SERVICE O/P                          |                         |                       |                       |
| CLINIC PART TIME SERVICES                     |                         |                       |                       |
| CLINIC SCHOOL BASED SERVICES                  |                         |                       |                       |
| CLINIC SCHOOL BASED DENTAL PROGRAM            |                         |                       |                       |
| CT SCANNER                                    |                         |                       |                       |
| DENTAL O/P                                    |                         |                       |                       |
| HOME HEMODIALYSIS TRAINING AND SUPPORT        |                         |                       |                       |
| HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT |                         |                       |                       |
| LITHOTRIPSY O/P                               |                         |                       |                       |
| MAGNETIC RESONANCE IMAGING (MRI)              |                         |                       |                       |
| METHADONE MAINTENANCE                         |                         |                       |                       |
| RADIOLOGY – THERAPEUTIC                       |                         |                       |                       |
| RENAL DIALYSIS, CHRONIC                       |                         |                       |                       |
| TRAUMATIC BRAIN INJURY PROGRAM O/P            |                         |                       |                       |
| UPGRADED DTC SERVICES                         |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
| <b>OTHER SERVICES</b>                         |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
|   |                         |                       |                       |
| <b>Total</b>                                  |                         | 3,675                 | 4,900                 |

**N/A - New  
Extensio  
Clinic**

\*The 'Total' reported MUST be the SAME as those on Table 13D-4.

**21 READE PLACE ASC, LLC (BRIDGEVIEW ENDOSCOPY)**

Separate and Distinct Statement

**RE: 21 Reade Place ASC, LLC**  
**(Dutchess County)**  
**Certify and construct a single-specialty (gastroenterology) extension clinic of**  
**an existing freestanding ambulatory surgical center**

**Applicant Confirmations:**

- 21 Reade Place ASC, LLC affirms that the proposed FASC extension clinic will be located in a self-contained space in a to-be-built building located on Snook Road, Fishkill (Dutchess County), New York 12524. The extension clinic will be the sole occupant of the building.
- 21 Reade Place ASC, LLC will put in place signage that will denote that the FASC is separate and distinct from any other entity.
- 21 Reade Place ASC, LLC affirms that staffing for the FASC will be separate and distinct from any other entity at the location.
- 21 Reade Place ASC, LLC affirms that the FASC will be used exclusively for the purpose stated in this application.