

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Naugatuck Valley Endoscopy Center, LLC	
Doing Business As	N/A	
Name of Parent Corporation	N/A	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	1312 West Main St, Waterbury, CT 06708	
What is the Petitioner's Status: P for profit and NP for Nonprofit	P	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Robert Leventhal, MD Medical Director	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	1312 West Main St, Waterbury, CT 06708	
Contact Person's Telephone Number	(203) 756-6422	
Contact Person's Fax Number	(203) 756-2488	
Contact Person's e-mail Address	rleventhal@nvgastro.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Admission of additional physician members to existing outpatient care facility for provision of urology services
- b. Estimated Total Project Cost: \$ 1,287,000
- c. Location of proposal, identifying Street Address, Town and Zip Code:
171 Grandview Ave., Suite 101 Waterbury, CT 06708
- d. List each town this project is intended to serve:
Ansonia, Beacon Falls, Bethany, Bridgewater, Cheshire, Litchfield, Middlebury, New Haven, Naugatuck, Oxford, Prospect, Roxbury, Seymour, Southbury, Southington Torrington, Waterbury, Watertown, Wolcott, Woodbury,
- e. Estimated starting date for the project: June, 2014

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

Naugatuck Valley Endoscopy Center is a Connecticut limited liability company, located in Waterbury, Connecticut (the "Center" or "NVEC"). NVEC is a licensed outpatient endoscopy facility that provides endoscopy and colonoscopy procedures. Naugatuck Valley Gastroenterology Consultants LLC, is a private practice that provides gastroenterology and hepatology services (the "Practice"), the equity holders of which are four (4) gastroenterology specialists. These four physicians also have ownership of the Center in varying percentages (the "Physician Owners").

In 2003, the Office of Health Care Access ("OHCA") determined that the Center did not require a certificate of need ("CON") to establish the endoscopy service/center pursuant to CON Determination Report 03-30093-DTR. In this report, OHCA concluded that pursuant to Public Act 03-274, NVEC provided evidence that it had commenced development of the outpatient surgical facility prior to July 1, 2003, and was consequently exempt from the need to obtain CON authorization. In 2005, NVEC's license to operate the Center was approved by the Department of Public Health.

The Physician Owners would like to reorganize the Center to allow for additional physicians to become owners of the Center and to provide endoscopic urology procedures, including cystoscopies, transurethral resections of bladder tumors and the prostate, photovaporization, ureteroscopies, and interstim placement at the Center. The five additional physicians, each duly licensed in the State of Connecticut and working in Waterbury and within the same service area and population served by NVEC, would individually purchase minority ownership interests in the Center from the Physician Owners. Collectively, the change in ownership of NVEC will not result in a change of control because the Physician Owners will retain a seventy-five percent (75%) interest in their outpatient surgical facility..

Since NVEC's inception in 2003, NVEC has operated two (2) operating rooms ("OR"). NVEC would like to add one (1) additional OR for a total of three (3) ORs to expand the provision of services at the Center to include urological services. This proposal to expand the provision of services and fit out its two existing procedure rooms will require the Center to expend approximately One Million Two Hundred Eighty Seven Thousand Dollars (\$1,287,000), which is for the construction and renovations of one (1) additional procedure room, one (1) refurbished OEC 9600 C-arm, non-medical supplies, and Olympus medical equipment. The Center will continue to operate in the space it currently leases.

The estimated total capital expenditure for the proposal is as follows:

Item (all inclusive of sales tax)	Expenditure
Refurbished OEC 9600 C-arm, inclusive of installation and warranty.	\$85,000
Medical Equipment (rigid, flexible and laser cystoscopy instruments, resectoscope instruments, urethrotome set, Holmium laser system, HD camera and video system)– leased 3 years	\$492,000
Construction and internal renovations for one additional procedure room	\$700,000
Non-medical supplies	\$10,000
Total	\$1,287,000

The service area of the Center will remain the same as the current population and geographic area served by NVEC are also served by the additional physicians. The Center participates in the Medicare and Medicaid program and contracts with a number of third party payers. The Center does not anticipate material changes to its payer mix. NVEC currently maintains responsibility for billing all

services rendered at the Center by its Physician Owners. The Center will continue to bill for its services and the additional provision of services in its own name.

The Center will notify the Department of Public Health of the admission of new members in accordance with Conn. Gen. Stat. 19a-493(b)(2), seek approval of amended licensure in accordance with Conn. Ag. Reg. 19-13-D56, and will provide the Department with a copy of each DPH license it holds.

With this Determination Request, NVEC requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-493b(c), a CON is not required for the reorganization of the Center and the admission of new members to the Center as set forth herein. Further, NVEC is seeking an OHCA determination that the NVEC's admission of the additional physicians satisfies the statutory conditions of 19a-493b(c), as amended by Public Act 10-179. As required under 19a-493b(c), the Center is owned and controlled exclusively by the Physician Owners pursuant to Section 20-13 of the Connecticut General Statutes, as the three Physician Owners of NVEC are licensed to practice medicine in the State of Connecticut. After the admission of the new members to the NVEC, the original Physician Owners of NVEC will continue to own seventy-five percent (75%) interest in the Center, well in excess of the 60% threshold established by Section 19a-493b(c). NVEC will continue to be governed by a Manager, with the Physician Owners reserving approval through ownership as to certain fundamental matters.

In addition, NVEC is seeking an OHCA determination that the added urology services to the Center satisfies the statutory conditions of 19a-638, as amended by Public Act 10-179 which repealed provisions requiring a CON when a facility intends to introduce an additional function 19a-638(2). Also, NVEC requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-638a(9) and (12), a CON is not required for the installation of a C-arm because this equipment is not a CT scanner, MRI, or PET machine as defined in §19a-638(9) or technology that has not previously been utilized in this State, so defined in §19a-638(12). Further, NVEC requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-638a(13), a CON is not required for adding one (1) additional OR as this is not an increase of two or more ORs within any three year-period since 2003. As the current 19a-638 does not provide for whether or not a CON is required for an added service at an outpatient care facility, NVEC requests OHCA to make a determination that, in accordance with Conn. Gen. Stat. § 19a-638, a CON is not required for the added services as set forth herein.

For the foregoing reasons, NVEC hereby requests that OHCA make a determination that it is permissible for the Center to undertake the reorganization, build out and admission of the additional physicians as set forth herein without requiring it to submit to the CON application process.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Robert Leventhal, MD

Project Title: Admission of additional physician members to existing outpatient care facility for provision of urology services

I, Robert Leventhal, MD (Name), Medical Director (Position – CEO or CFO)

of Naugatuck Valley Endoscopy Ctr. (Organization Name) being duly sworn, depose and state that the

information provided in this CON Determination form is true and accurate to the best of my knowledge.

[Signature] Signature 02/10/14 Date

Subscribed and sworn to before me on February 10th, 2014

Eileen S. Paradis
Notary Public/Commissioner of Superior Court

**EILEEN S. PARADIS
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 3/31/2016**

My commission expires: 03/31/2016

STATE OF CONNECTICUT

Department of Public Health

LICENSE

LICENSE NO. 0284

Outpatient Surgical Facility

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

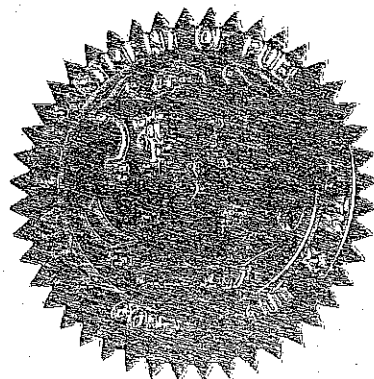
Naugatuck Valley Endoscopy Center, LLC of Waterbury, CT, d/b/a Naugatuck Valley Endoscopy Center, LLC is hereby licensed to maintain and operate an Outpatient Surgical Facility.

Naugatuck Valley Endoscopy Center, LLC is located at 1312 West Main Street, Waterbury, CT 06708.

This license expires **September 30, 2014** and may be revoked for cause at any time.

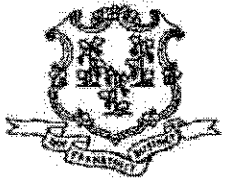
Dated at Hartford, Connecticut, October 1, 2012. RENEWAL

Waiver Sec. 19-13-D56 (D)(5) exp: n/a
Waiver Sec. 19-13-D56 (E)(4) exp: n/a
Waiver Sec. 19-13-D56 (E)(11) exp: n/a
Waiver Sec. 19-13-D56 (F)(1) exp: n/a
Waiver Sec. 19-13-D56 (E)(14) exp: n/a
Waiver Sec. 19-13-D56 (F)(2) exp: n/a
Waiver Sec. 19-13-D56 (G)(1)(j) exp: n/a
Waiver Sec. 19-13-D56 (J)(1)(c) exp: n/a



Jewel Mullen MD

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

January 10, 2005

Linda Terry, Administrator
Naugatuck Valley Endoscopy Group
1312 West Main Street
Waterbury, CT 06708

Re: Naugatuck Valley Endoscopy Group - Outpatient Surgical Facility

Dear Ms. Terry:

Members of the Division of Health Systems Regulation staff have carefully reviewed the following list of waivers of Section 19-13-D56 of the regulations of Connecticut State Agencies.

Your waiver requests have been approved effective upon the initial licensing of the facility and contingent upon the facility only performing endoscopic colonoscopy procedures.

- 1. 19-13-D56 (D)(5) Clinical Facilities - Operating Room
2. 19-13-D56 (E)(4) Surgical Services Areas - Scrub facilities
3. 19-13-D56 (E)(11) Surgical Services Areas - Staff clothing change area
4. 19-13-D56 (F)(1) Supporting Services - Janitor's Closet(s)
5. 19-13-D56 (E)(14) Surgical Services Areas - Doctors' Dictation
6. 19-13-D56 (F)(2) Supporting Services - Stretcher Storage Area
7. 19-13-D56 (G)(1)(j) Details and Finishes - Ceiling heights
8. 19-13-D56 (J)(1)(c) Electrical Requirements - Operating Rooms

Be advised that the Division of Health Systems Regulation reserves the right to rescind these waivers if at any time it is determined that the needs of the entire population are not being met. This Department shall be notified if the facility intends to perform any procedures other than endoscopic colonoscopies.

If you have any further questions, please do not hesitate to contact David DeMaio, Health Program Associate at (860) 509-7400.

Sincerely,

Handwritten signature of Joan D. Leavitt

Joan D. Leavitt, R.N., M.S.
Public Health Services Manager
Division of Health Systems Regulation

c: Janet Williams, SNC
Steven Longo, HSFS, CUS
Licensure file

p:\complain\waivers\app\naugvaloutpatsurg



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer



JOHN G. ROWLAND
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

MARY M. HEFFERNAN
COMMISSIONER

June 30, 2003

Linda Terry
Administrator
Naugatuck Valley Gastroenterology Consultants
171 Grandview Avenue, Suite 101
Waterbury, CT 06708

Re: Naugatuck Valley Gastroenterology Consultants
CON Determination Report 03-30093-DTR
Exception from CON Process Pursuant to P.A. 03-0274

Dear Ms. Terry:

On June 27, 2003, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form 2020B in compliance with Public Act 03-0274, Section 1, requesting an exception from the CON process for your outpatient surgical facility currently in development. Upon review of the information contained in Form 2020B, OHCA finds the following:

1. Naugatuck Valley Gastroenterology Consultants ("NVGC"), has undertaken the development of an ambulatory surgery facility ("facility") at 1312 West Main Street, Waterbury, Connecticut.
2. The facility proposes to provide surgical services for human health conditions that include the use of moderate and deep sedation and moderate and deep analgesia.
3. On April 7, 2003, NVGC executed a real estate sales agreement to purchase 8,200 square feet of professional medical office space in a building located at 1312 West Main Street, Waterbury, Connecticut.
4. The purpose of the real estates sales agreement was to relocate from 171 Grandview Avenue in Waterbury to 1312 West Main Street. The new facility will include a two-room endoscopy suite.
5. Architect fees paid as of June 27, 2003, were \$37,133.
6. Lease payments for an endoscope for the facility totaled \$5,211 as of June 27, 2003.

An Equal Opportunity Employer

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

Naugatuck Valley Gastroenterology Consultants has a committed site for the new facility and has expended significant funds in its development. Based on the information provided by you, OHCA has determined that the evidence was satisfactory and demonstrated that you commenced development of your outpatient surgical facility prior to July 1, 2003. The exception from obtaining a Certificate of Need from the Office of Health Care Access for your facility located at 1312 West Main Street, Waterbury, Connecticut, is hereby granted.

Please be advised that any change in the scope, services, or location of your outpatient surgical facility from those presented will require a Certificate of Need from the Office of Health Care Access.

If you have any questions concerning this letter or the Certificate of Need process, please contact Susan Cole, CON Supervisor, at (860) 418-7038.

Sincerely,



Mary M. Heffernan, Commissioner
Office of Health Care Access

MMH:lkg



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

FAX SHEET

TO: Dr. Robert Leventhal

FAX: 1(203) 756-2448

AGENCY: _____

FROM: Steven Lazarus

DATE: 6/17/03 Time: _____

NUMBER OF PAGES: _____
(including transmittal sheet)

Comments: Please call me if you have any questions regarding this form.

PLEASE PHONE (860) 418-7012 IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capital Ave., MS#1311CA
P.O.Box 340308
Hartford, CT 06134



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**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020B**

CONNECTICUT OFFICE OF
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Any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services for human health conditions that include the use of moderate or deep sedation, moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia defined from time to time by the American Society of Anesthesiologists, or by such other professional accrediting entity as recognized by the Department of Public Health, requesting a determination as to whether a CON is required for an existing/proposed *Outpatient Surgical Facility* must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

	Petitioner	Petitioner
Full legal name	Robert I. LEVENTHAL, M.D.	
Doing Business As	Physicians / Gastroenterologists	
Name of Parent Corporation	Naugatuck Valley GASTROENTEROLOGY CONSULTANTS	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	171 grandview Ave suite 101 wilton CT 06708	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P.	
Name of Contact person, including title	Linda Kelly Administrative	
Contact person's street mailing address	171 grandview Ave suite 101 wilton CT 06708	
Contact person's phone, fax and e-mail address	(203) 756-6422 NVgsstam@Apl.com	(203) 756 2448

SECTION II. Existing Provider Information

The Petitioner must demonstrate that the *Outpatient Surgical Facility* is currently in operation.

a. Name and address of the outpatient surgical facility:

Narragansett Valley Gastroenterology Consultants
1312 WEST MAIN STREET WYBY VT 06707

b. This facility is currently accredited by the following¹ (check all that apply):

- JCAHO
- AAAHC
- AAAASF
- Medicare Certified

c. Attach a copy(s) of the certification checked above.

d. Submit a copy of a recent bill from the last sixty (60) days from the facility for a surgical procedure with patient information redacted as necessary.

SECTION III. Facility in Development

The Petitioner must demonstrate that development of an *Outpatient Surgical Facility* has commenced.

a. Estimated Total Capital Expenditure/Cost: \$ 1,800,000.00

For items b-d listed below, submit copies of all applicable documents.

b. To demonstrate that the Petitioner has contractually committed to a site provide one or more of the following:

- Executed lease
- Proof of ownership of property
- Executed contract for renovations
- Other (please specify) Contract to purchase

c. To demonstrate that the Petitioner has expended significant funds for predevelopment expenses of the facility, provide copies of paid invoices as applicable:

- Consultant fees
- Legal fees
- Down payment on equipment
- Other (please specify) CEASES
- Other (please specify) _____

¹ JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Ambulatory Surgery Facilities, Inc.

- d. To demonstrate that the Petitioner has made contractual arrangements/agreements with third party payers, provide copies of such and redact as necessary.

SECTION IV. DESCRIPTION of Existing Facility or Facility In Development

1. Provide a brief description of the facility.
2. Currently what types of procedures are being performed? Please list the procedures.
3. Referring to the definitions² given below, check each level of anesthesia being used or proposed for use:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Minimal Sedation |
| <input checked="" type="checkbox"/> | Moderate Sedation/Analgesia ("Conscious Sedation") |
| <input checked="" type="checkbox"/> | Deep Sedation/Analgesia |
| <input type="checkbox"/> | General Anesthesia |

Minimal Sedation is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia ("Conscious Sedation") describes a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. Moderate Sedation and Analgesia is a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and tactile stimulation. Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by sedation/analgesia.

Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or

² Source: American Society of Anesthesiologists, October 1999.
Form 2020B
Original-6/03

drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

- 4. List the anesthetic and/or sedating drugs currently by the Facility. List the drug's common chemical name and/or brand name.

FENTANYL CITRATE

MIDAZOLAM (BENZODIAZEPENE)

PROPOFOL (DIPRIVAN)

- 5. List the monitoring equipment currently available at the Facility.

VITAL SIGN MONITOR (BP, SAO₂, EKG)

- 6. List the emergency resuscitative equipment currently available at the Facility.

DEFIBRILLATOR, AMBU BAG (SOURCE FOR PPV)

AIRWAY SUPPLIES, STAT KIT (EMERGENCY MEDICATIONS)

- 7. Attach a copy of the Facility's Conscious Sedation Protocol and/or Anesthesia Protocol as amended to date.

ATTACHED

SECTION V. AFFIDAVIT

Applicant: Robert LEVENTHAL M.D.

Facility Name: Newark Valley GP center

I, Robert LEVENTHAL Managing Partner
(Name) (Position - President/Owner)

of _____ being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my

knowledge, and that NVGC complies with the appropriate
(Facility Name)

and applicable criteria as set forth in "An Act Concerning Outpatient Surgical Facilities." subst. Senate Bill No. 1148 as amended by LCO. 7310.

Signature

Date

Subscribed and sworn to before me on June 27, 2003

Sarah H. D'Uva
Notary Public/Commissioner of Superior Court

My commission expires: Sept. 30, 2005

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- vii. The absence of malpractice insurance.
- viii. Procedures for expressing suggestions to the facility and policies regarding grievance procedures and external appeals, as required by state and federal statute and regulation
- ix. The name of the provider who will be delivering the care.
- j. The patient has the right to the following information on request:
 - i) Fees for all services regardless of the source of the payment
 - ii) Payment policies.
 - iii) Provider credentialing
- k. The patient shall be informed of his or her right to change providers.
- l. Marketing or advertising regarding the competence and capabilities of the facility shall not be misleading to the patient.

2. Pre-anesthesia procedure

a. Pre-Operative Policy

At the request of a particular client/surgeon a reasonable attempt to contact their patients preoperatively no later than the evening before surgery will be made by the attending anesthesiologist or a delegated physician. If the patient is not home then a message shall be left highlighting the most important instructions such as NPO guidelines, medication instructions, and billing information.

At the request of the client/surgeon, the company will provide the client with educational forms that the client may mail to the patient before surgery. The educational form shall include instructions with regard to NPO guidelines, medication instructions, and billing information.

b. Medical necessity and advisability

The anesthesiologist, prior to providing care, shall independently assess the medical necessity of anesthesia for each individual patient

c. Evaluation

Their anesthesiologist immediately before administration of any anesthesia shall evaluate patients. This evaluation will be used to determine the method and medications most appropriate for that individual. At a minimum, the following information will be elicited and recorded on the anesthesia record::

1. Patient's name, age, sex, height, weight and blood pressure
2. Known allergies
3. Medications taken
4. Medical History (including past anesthesia history)
5. Use of alcohol, tobacco or other substances
6. Planned operative procedure including date and surgeon
7. Significant family medical history
8. Review of systems
9. Pertinent laboratory data (if indicated)

10. Consultation or Medical Clearance (as indicated)
 11. Results of Physical Examination
 12. Assessment
 13. Time of last meal
 14. Identification of escort home
 15. Type of Anesthesia planned
 16. Identification and signature of provider taking history and administering anesthesia.
- (See Appendix IIA.2.c.)

d. Informed consent

Each patient shall have given his or her informed consent after all disclosures contemplated in IIA1 above (Appendix IIA2.d). The patient shall be given every opportunity to ask any questions with regard to the contemplated procedure an/or anesthesia and they shall all be answered fully.

e. Insurance Information, Payment Agreements and Liability Waivers

Each patient shall provide the RAA provider with necessary insurance information, and shall be required to sign all appropriate payment agreements, assignments of benefits and liability waivers before any medication is given to the patient. (See Appendix IIA2.d) The patient shall be given every opportunity to ask any questions with regard to the significance and meaning of all documents to be signed and they shall all be answered fully.

3. Intra-operative policies and procedures

a. General policies

i. All anesthesia shall be administered by a board-certified or board-eligible, licensed anesthesiologist.

ii. The anesthesiologist shall not be involved in any surgical procedure while he or she is providing anesthesiology services.

iii. The anesthesiologist shall remain physically present during the entire peri-operative period and will remain available for diagnosis, treatment and management of anesthesia-related complications or emergencies.

iv. The anesthesiologist and surgical client shall together assure the provision of appropriate post-anesthesia care.

v. All anesthesia shall be administered in accordance with the current standards of professional practice as described in Department of Health regulations for hospitals and ambulatory surgical centers.
(Appendix IIA3d)

vi. All patients shall be monitored by the anesthesiologist during the surgical procedure. Monitoring shall include all those parameters currently required as the standard of care by the American Society of Anesthesiology and the local state where care is being provided.

vii. All anesthesiologists shall have been trained in Advanced Cardiac Life Support and/or, if appropriate, Pediatric Advanced Life Support.

viii. In addition to the information obtained during the evaluation, the anesthesia record shall also include the following information.

1. Date, description of surgical procedure and name of surgeon
2. Time of commencement and end of procedure
3. The mode of anesthesia used.
3. Type and amount of Anesthetics and other drugs and fluids administered
4. Record of vital sign monitoring
5. State of consciousness of the patient during the procedure.
5. Record of observations during recovery
6. Discharge criteria met.

b. Intraoperative anesthesia techniques

It is the policy of RAA to provide a broad range of anesthesia services reflective of the needs of the patient, needs of the surgeon, and the limitations of the physical environment. The following describes the RAA policy concerning intraoperative anesthesiology services provided by RAA physicians.

i. Monitored Anesthesia Care (MAC)

MAC involves cautious delivery of intravenous sedatives or analgesics as clinically indicated. These medications generally include, but are not limited to benzodiazepines, narcotics, propofol, and ketamine in an effort to provide sedation, amnesia, and analgesia.

By RAA definition, MAC assumes that the patient has an altered state of consciousness but can offer purposeful response to auditory, visual or tactile stimulation.

The RAA mobile anesthesia unit [MAU] satisfies RAA's required monitoring and emergency support for MAC. A malignant hyperthermia kit is not mandatory unless use of a triggering agent is planned.

ii. Regional anesthesia

Regional anesthesia is broken up into two major categories. The first category, central neuraxial anesthesia (spinal and epidural), involves the delivery of local anesthetics into to the spinal cord fluid or into the area surrounding the spinal roots. The other category, peripheral regional anesthesia, delivers anesthetics near a chosen nerve in the periphery of the body as it courses through the body.

It is the policy of RAA to provide spinal, epidural and peripheral nerve blocks to appropriate surgical candidates. Specific nerve blocks that are prohibited include supraclavicular, infraclavicular, and traditional intercostal nerve blocks. An intercostal nerve block where local anesthesia is deposited directly upon, rather than above or below the rib, is permitted.

Preparation for spinal or epidural anesthesia includes having immediately available access to the necessary equipment to treat the potentially harmful cardio respiratory effects of a high spinal or total spinal—namely cardio respiratory embarrassment. RAA does not require the presence of an anesthesia machine since it is the means to deliver positive pressure per say, rather than a means to deliver a general anesthetic that is important. The former can be accomplished with an AMBU bag being squeezed by the surgeon or nurse while the anesthesiologist provides pharmacological support. RAA requires that a MAU or an equivalent set-up be present anytime a regional anesthetic is being administered.

iii. General anesthesia (GA)

GA is defined as a controlled and temporary loss of consciousness. This may be achieved with or without positive pressure ventilation, may or may not involve the placement of an endotracheal tube or laryngeal mask airway, and may be achieved through a totally intravenous technique [TIVA] or through an inhalation technique. For definitional purposes, TIVA may or may not include the use of nitrous oxide.

Inhalation anesthesia always requires the use of an anesthesia machine that has undergone appropriate prevention and maintenance by a credentialed bio-technician. TIVA may be provided with or without a medical anesthesia machine regardless of the use of an endotracheal tube, laryngeal mask airway, or an ambu-bag. RAA requires that a MAU or an equivalent set-up be present anytime a general anesthetic is being administered. A malignant hyperthermia kit is not mandatory unless use of a triggering agent is planned.

c. Incapacitated Anesthesiologist

During a procedure should the anesthesiologist become incapacitated, the following shall occur:

The surgeon or his or her designee will break scrub and telephone the administrative offices of RAA.

The RAA medical practice coordinator will contact the anesthesiologist on call according to the emergency protocol (see Appendices Section 26).

The anesthesiologist on call will then instruct the surgeon or his/her designee on what ministrations to undertake until the RAA anesthesiologist on call or a designee can arrive at the scene. If the patient is unstable or the comfort level of the staff precludes such efforts then all anesthetic infusions or inhalants will be discontinued and 911 will be dialed to contact emergency services and the patient will be brought to the closest hospital.

All staff will receive direction from the surgeon or his/her designee until arrival of anesthesiologist or until the patient has been transferred to the hospital.

4. Recovery

Recovery from anesthesia shall be monitored by the anesthesiologist or other practitioner, not simultaneously involved in the surgical procedure, who is trained in Advanced Cardiac Life Support and/or, if appropriate Pediatric Advanced Life Support. A qualified practitioner using criteria appropriate for the level of anesthesia shall evaluate recovery from anesthesia.

Many surgical offices have personnel quite familiar with the post anesthesia and post surgical care of patients. Staff includes physicians, qualified nurses, or other qualified medical personnel. In these cases the RAA provider gives the designated recovery personnel report and assures that hemodynamic, respiratory, and cognitive function has returned to the point where the chance for acute anesthesiology intervention or life threatening sequelae are remote. Report should always be given to the surgeon or a qualified nurse prior to leaving the facility and the facility should have a means and mechanism to contact the anesthesiologist on call in case of an emergency situation. A notation concerning to whom the patient was discharged to and the time of discharge should be made on each chart.

a. Expedient Discharge:

With the advent of newer and faster acting short duration anesthetics many patients may be discharged directly from the operating room table. In cognizance of this, RAA has developed specific criteria that can be found on its anesthesia record. The time and person to whom the patient is discharged to is noted on the anesthesia record.

b. Depending upon the depth and breadth of anesthesia, anticipated recovery issues, and the staffing of the facility, the anesthesiologist may elect to recover the patient. In these circumstances, the anesthesiologist completes the anesthesia recovery sheet that is included in every patient chart.

5. Post-anesthesia care

Before discharge, each patient shall be:

a. Evaluated for adequate recovery from the anesthesia and the surgical procedure by the anesthesiologist. Said evaluation shall establish that the patient has stable vital signs, has returned to pre-procedure mental status, ambulates without dizziness, has minimal bleeding, pain, nausea and vomiting.

b. Said evaluation shall be recorded in the patient's anesthesia record.

c. Each patient shall be provided with written instructions before discharge (Appendix II A4c). Said instructions shall include

- i. The name of the responsible practitioner
- ii. The procedure performed
- iii. Information about complications that may arise
- iv. Telephone numbers that are to be used by the patient in the event that complications or questions should arise
- v. Instructions for medications prescribed, if any, and pain management, if appropriate.
- vi. Date, time and location of the follow-up visit or return visit
- vii. Designated place to go for treatment in the event of an emergency

d. Each patient shall be released only into the custody of a responsible adult.

Longatuck Valley Gastroenterology Consultant
Register QuickReport
All Transactions

Type	Date	Num	Memo	Account	Clr	Split	Amount
ADM							
Check	9/13/2002	14471		Fleet Bank	X	Architect	(1,500.00)
Check	11/11/2002	14829		Fleet Bank	X	Architect	(7,752.07)
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Check	5/14/2003	15906		Fleet Bank		Architect	(1,887.50)
Total ADM							(37,113.10)
TOTAL							(37,113.10)

architect fees

3:48 PM
06/23/03
Accrual Basis

augatuck Valley Gastroenterology Consultant
Register QuickReport
All Transactions

Type	Date	Num	Memo	Account	Clr	Split	Amount
ADM							
Check	6/17/2003	16523		Webster checking		Architect	(429.70)
Total ADM							(429.70)
TOTAL							(429.70)

[Dr. Robert Leventhal Letter]

December 13, 2002

Joseph Yamin
West Main Medical, LLC
c/o Yamin & Grant, LLC
182 Grand Street
Suite 417
Waterbury, CT 06702

Re: 1312 West Main Street, Waterbury, Connecticut

Dear Joe:

This letter shall set forth the terms and conditions under which I and/or an affiliate (e.g. a limited liability company) (collectively, the "Buyer") will enter into a Purchase and Sale Agreement with the owner, West Main Medical, LLC, ("Seller") for the acquisition of 8,200 square feet at the above-referenced property:

1. Purchase Price - \$1,066,000;
2. Seller shall also perform Buyer's build-out as per existing plans and specifications previously supplied to Seller by Buyer's architect, Architectural Design Magic/Gary Sweet. The cost for such work shall be an additional \$57.00 per square foot and shall be specifically quoted per a proposal attached and made a part of the Purchase and Sale Agreement;
3. Purchase Deposit - \$100,000 payable upon the execution of the Purchase and Sale Agreement;
4. Subject Property - 8,200 square feet at 1312 West Main Street, Waterbury, Connecticut, the former Park Manor Convalescent Home (the "Property");
5. Contingencies - The Buyer's obligation to purchase the property will be subject to the following:


- (a) Receipt of Seller's governmental approvals/certifications that professional office space is an approved use at the Property.
- (b) A mortgage and construction/renovation financing contingency in the amount of \$1,226,720 at prevailing commercial interest rates and terms.
- (c) Receipt of a commitment for title insurance evidencing marketable title to the Property free and clear of all encumbrances and liens.
- (d) A Purchase and Sale Agreement shall be executed on or before December 23, 2002.
- (e) Review and approval of exterior design performed by Architectural Design Magic/Gary Sweet.

6. Closing - Closing shall occur within thirty (30) days after the satisfaction of all contingencies set forth herein. The Buyer shall pay the balance of the purchase price at Closing, provided, however, the build-out shall be paid as completed per an agreed upon schedule of values.

This correspondence is not intended as a contract. Until such time that a Purchase and Sale Agreement and build-out proposal are mutually accepted and executed by both parties, no such liabilities or obligations shall arise.

This letter outlines the proposed terms of an agreement between Buyer and Seller for the Purchase and Sale Agreement. If the terms are acceptable to your client, kindly arrange execution of two (2) copies where indicated and return one (1) copy to me. This offer shall expire by its own terms on Tuesday, December 17, 2002 at 5:00 p.m.

Very truly yours,



Agreed and Accepted:
West Main Medical, LLC

By: _____
Joseph P. Yamin
_____, duly authorized

3:54 PM

06/23/03

Accrual Basis

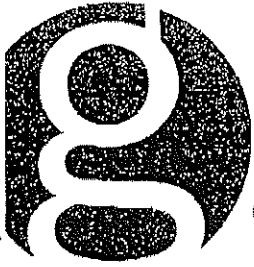
Naugatuck Valley Gastroenterology Consultant

Register QuickReport

July 1, 2002 through June 23, 2003

Type	Date	Num	Memo	Account	Clr	Split	Amount
American Express Business Finance							
Check	2/28/2003	15464		Fleet Bank		Endoscope Le...	(1,302.99)
Check	3/28/2003	15639		Fleet Bank		Endoscope Le...	(1,302.99)
Check	4/26/2003	15808		Fleet Bank		Endoscope Le...	(1,302.99)
Check	6/4/2003	16015		Fleet Bank		Endoscope Le...	(1,302.99)
Total American Express Business Finance							(5,211.96)
TOTAL							(5,211.96)

Endoscope lease



Naugatuck
Valley
Gastroenterology
Consultants, LLC.

ROBERT I. LEVENTHAL, MD
THOMAS A. ROCKOFF, MD
171 Grandview Avenue
Suite 101
Waterbury CT 06708
203.756.6422 OFFICE
203.756.2448 FACSIMILE

PAOLO MAPELLI, MD
133 Scovill Street
Suite 206
Waterbury CT 06706
203.575.0112 OFFICE
203.575.0063 FACSIMILE

RICHARD KILEY, MD
56 Franklin Street
Waterbury CT 06706
203.755.2550 OFFICE
203.597.3563 FACSIMILE

nvgc@juno.com E-MAIL
www.nvgi.com WEB

FAX COVER SHEET

Date: 6/27/03

SENT TO: Steven Lazarus

FAX NUMBER: _____

FROM: Robert Leventhal, MD

RECEIVED
2003 JUN 27 PM 1:10
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Message:

Total number of pages including the cover sheet: _____

Notice: This information is released for your professional use and privileged. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying of or distribution of this message is strictly prohibited. If you receive this message in error, please notify this office immediately by telephone and return the original fax by mail to N.V.G.C. 171 Grandview Avenue, Suite 101 Waterbury, Ct 06708. Thank you

Jun-17-2003 14:15

From: OFFICE OF HEALTHCARE

8604187053

T-718 P.002/006 F-041

RECEIVED

2003 JUN 27 PM 1:10

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020B**

Any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services for human health conditions that include the use of moderate or deep sedation, moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia defined from time to time by the American Society of Anesthesiologists, or by such other professional accrediting entity as recognized by the Department of Public Health, requesting a determination as to whether a CON is required for an existing/proposed *Outpatient Surgical Facility* must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

	Petitioner	Petitioner
Full legal name	Robert I. LEVENTHAL, M.D.	
Doing Business As	Physicians / Gastroenterologists	
Name of Parent Corporation	Naugatuck Valley Gastroenterology Consultants	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	171 Grandview Ave Suite 101 Wthry CT 06708	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P.	
Name of Contact person, including title	Linda Kelly Administrative	
Contact person's street mailing address	171 Grandview Ave Suite 101 Wthry CT 06708	
Contact person's phone, fax and e-mail address	(203) 756-6422 (203) 756 2448 NVG2slam@AOL.com	

SECTION II. Existing Provider Information

The Petitioner must demonstrate that the *Outpatient Surgical Facility* is currently in operation.

a. Name and address of the outpatient surgical facility:

Naugatuck Valley Gastroenterology Consultants
1312 WEST MAIN STREET Wethersfield CT 06708

b. This facility is currently accredited by the following¹ (check all that apply):

- JCAHO
- AAAHC
- AAAASF
- Medicare Certified

c. Attach a copy(s) of the certification checked above.

d. Submit a copy of a recent bill from the last sixty (60) days from the facility for a surgical procedure with patient information redacted as necessary.

SECTION III. Facility in Development

The Petitioner must demonstrate that development of an *Outpatient Surgical Facility* has commenced.

a. Estimated Total Capital Expenditure/Cost: \$ 1,800,000.00

For Items b-d listed below, submit copies of all applicable documents.

b. To demonstrate that the Petitioner has contractually committed to a site provide one or more of the following:

- Executed lease
- Proof of ownership of property
- Executed contract for renovations
- Other (please specify) Contract to purchase

c. To demonstrate that the Petitioner has expended significant funds for predevelopment expenses of the facility, provide copies of paid invoices as applicable:

- Consultant fees
- Legal fees
- Down payment on equipment
- Other (please specify) Leases
- Other (please specify) _____

¹ JCAHO - Joint Commission on Accreditation of Hospitals Organization; AAAHC - Accreditation Association for Ambulatory Health Care; AAAASF - American Association for Ambulatory Surgery Facilities, Inc.

- d. To demonstrate that the Petitioner has made contractual arrangements/agreements with third party payers, provide copies of such and redact as necessary.

SECTION IV. DESCRIPTION of Existing Facility or Facility In Development

1. Provide a brief description of the facility.
2. Currently what types of procedures are being performed? Please list the procedures.
3. Referring to the definitions² given below, check each level of anesthesia being used or proposed for use:

- Minimal Sedation
 Moderate Sedation/Analgesia ("Conscious Sedation")
 Deep Sedation/Analgesia
 General Anesthesia

Minimal Sedation is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia ("Conscious Sedation") describes a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. Moderate Sedation and Analgesia is a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and tactile stimulation. Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by sedation/analgesia.

Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or

² Source: American Society of Anesthesiologists, October 1999.
Form 2020B
Original-6/03

drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

- 4. List the anesthetic and/or sedating drugs currently by the Facility. List the drug's common chemical name and/or brand name.

FENTANYL CITRATE

MIDAZOLAM (BENZODIAZEPENE)

PROPOFOL (DIPRIVAN)

- 5. List the monitoring equipment currently available at the Facility.

VITAL SIGN MONITOR (BP, SPO2, EKG)

- 6. List the emergency resuscitative equipment currently available at the Facility.

DEFIBRILLATOR, AMBU BAG (SOURCE FOR PPV)

AIRWAY SUPPLIES, STAT KIT (EMERGENCY MEDICATIONS)

- 7. Attach a copy of the Facility's Conscious Sedation Protocol and/or Anesthesia Protocol as amended to date.

ATTACHED

SECTION V. AFFIDAVIT

Applicant: Robert LENEHAR M.D.

Facility Name: NAUGATUCK VALLEY GP center

I, Robert LENEHAR Managing Partner
(Name) (Position - President/Owner)

of _____ being duly sworn, depose and state that the

information provided in this CON Determination form is true and accurate to the best of my

knowledge, and that NVGC complies with the appropriate
(Facility Name)

and applicable criteria as set forth in "An Act Concerning Outpatient Surgical Facilities." subst. Senate Bill No. 1148 as amended by LCO. 7310.

Signature _____ Date _____

Subscribed and sworn to before me on June 27, 2003

Sarah H. D'Uva
Notary Public/Commissioner of Superior Court

My commission expires: Sept. 30, 2005

- vii. The absence of malpractice insurance.
- viii. Procedures for expressing suggestions to the facility and policies regarding grievance procedures and external appeals, as required by state and federal statute and regulation
- ix. The name of the provider who will be delivering the care.
- j. The patient has the right to the following information on request:
 - i) Fees for all services regardless of the source of the payment
 - ii) Payment policies.
 - iii) Provider credentialing
- k. The patient shall be informed of his or her right to change providers.
- l. Marketing or advertising regarding the competence and capabilities of the facility shall not be misleading to the patient.

2. Pre-anesthesia procedure

a. Pre -Operative Policy

At the request of a particular client/surgeon a reasonable attempt to contact their patients preoperatively no later than the evening before surgery will be made by the attending anesthesiologist or a delegated physician. If the patient is not home then a message shall be left highlighting the most important instructions such as NPO guidelines, medication instructions, and billing information.

At the request of the client/surgeon, the company will provide the client with educational forms that the client may mail to the patient before surgery. The educational form shall include instructions with regard to NPO guidelines, medication instructions, and billing information.

b. Medical necessity and advisability

The anesthesiologist, prior to providing care, shall independently assess the medical necessity of anesthesia for each individual patient

c. Evaluation

Their anesthesiologist immediately before administration of any anesthesia shall evaluate patients. This evaluation will be used to determine the method and medications most appropriate for that individual. At a minimum, the following information will be elicited and recorded on the anesthesia record::

1. Patient's name, age, sex, height, weight and blood pressure
2. Known allergies
3. Medications taken
4. Medical History (including past anesthesia history)
5. Use of alcohol, tobacco or other substances
6. Planned operative procedure including date and surgeon
7. Significant family medical history
8. Review of systems
9. Pertinent laboratory data (if indicated)

10. Consultation or Medical Clearance (as indicated)
11. Results of Physical Examination
12. Assessment
13. Time of last meal
14. Identification of escort home
15. Type of Anesthesia planned
16. Identification and signature of provider taking history and administering anesthesia.
(See Appendix IIA.2.c.)

d. Informed consent

Each patient shall have given his or her informed consent after all disclosures contemplated in IIA1 above (Appendix IIA2.d). The patient shall be given every opportunity to ask any questions with regard to the contemplated procedure an/or anesthesia and they shall all be answered fully.

e. Insurance Information, Payment Agreements and Liability Waivers

Each patient shall provide the RAA provider with necessary insurance information, and shall be required to sign all appropriate payment agreements, assignments of benefits and liability waivers before any medication is given to the patient. (See Appendix IIA2.d) The patient shall be given every opportunity to ask any questions with regard to the significance and meaning of all documents to be signed and they shall all be answered fully.

3. Intra-operative policies and procedures

a. General policies

i. All anesthesia shall be administered by a board-certified or board-eligible, licensed anesthesiologist.

ii. The anesthesiologist shall not be involved in any surgical procedure while he or she is providing anesthesiology services.

iii. The anesthesiologist shall remain physically present during the entire peri-operative period and will remain available for diagnosis, treatment and management of anesthesia-related complications or emergencies.

iv. The anesthesiologist and surgical client shall together assure the provision of appropriate post-anesthesia care.

v. All anesthesia shall be administered in accordance with the current standards of professional practice as described in Department of Health regulations for hospitals and ambulatory surgical centers.
(Appendix IIA3d)

vi. All patients shall be monitored by the anesthesiologist during the surgical procedure. Monitoring shall include all those parameters currently required as the standard of care by the American Society of Anesthesiology and the local state where care is being provided.

vii. All anesthesiologists shall have been trained in Advanced Cardiac Life Support and/or, if appropriate, Pediatric Advanced Life Support.

viii. In addition to the information obtained during the evaluation, the anesthesia record shall also include the following information.

1. Date, description of surgical procedure and name of surgeon
2. Time of commencement and end of procedure
3. The mode of anesthesia used.
3. Type and amount of Anesthetics and other drugs and fluids administered
4. Record of vital sign monitoring
5. State of consciousness of the patient during the procedure.
5. Record of observations during recovery
6. Discharge criteria met.

b. Intraoperative anesthesia techniques

It is the policy of RAA to provide a broad range of anesthesia services reflective of the needs of the patient, needs of the surgeon, and the limitations of the physical environment. The following describes the RAA policy concerning intraoperative anesthesiology services provided by RAA physicians.

i. Monitored Anesthesia Care (MAC)

MAC involves cautious delivery of intravenous sedatives or analgesics as clinically indicated. These medications generally include, but are not limited to benzodiazepines, narcotics, propofol, and ketamine in an effort to provide sedation, amnesia, and analgesia.

By RAA definition, MAC assumes that the patient has an altered state of consciousness but can offer purposeful response to auditory, visual or tactile stimulation.

The RAA mobile anesthesia unit [MAU] satisfies RAA's required monitoring and emergency support for MAC. A malignant hyperthermia kit is not mandatory unless use of a triggering agent is planned.

ii. Regional anesthesia

Regional anesthesia is broken up into two major categories. The first category, central neuraxial anesthesia (spinal and epidural), involves the delivery of local anesthetics into the spinal cord fluid or into the area surrounding the spinal roots. The other category, peripheral regional anesthesia, delivers anesthetics near a chosen nerve in the periphery of the body as it courses through the body.

It is the policy of RAA to provide spinal, epidural and peripheral nerve blocks to appropriate surgical candidates. Specific nerve blocks that are prohibited include supraclavicular, infraclavicular, and traditional intercostal nerve blocks. An intercostal nerve block where local anesthesia is deposited directly upon, rather than above or below the rib, is permitted.

Preparation for spinal or epidural anesthesia includes having immediately available access to the necessary equipment to treat the potentially harmful cardio respiratory effects of a high spinal or total spinal—namely cardio respiratory embarrassment. RAA does not require the presence of an anesthesia machine since it is the means to deliver positive pressure per say, rather than a means to deliver a general anesthetic that is important. The former can be accomplished with an AMBU bag being squeezed by the surgeon or nurse while the anesthesiologist provides pharmacological support. RAA requires that a MAU or an equivalent set-up be present anytime a regional anesthetic is being administered.

iii. General anesthesia (GA)

GA is defined as a controlled and temporary loss of consciousness. This may be achieved with or without positive pressure ventilation, may or may not involve the placement of an endotracheal tube or laryngeal mask airway, and may be achieved through a totally intravenous technique [TIVA] or through an inhalation technique. For definitional purposes, TIVA may or may not include the use of nitrous oxide.

Inhalation anesthesia always requires the use of an anesthesia machine that has undergone appropriate prevention and maintenance by a credentialed bio-technician. TIVA may be provided with or without a medical anesthesia machine regardless of the use of an endotracheal tube, laryngeal mask airway, or an ambu-bag. RAA requires that a MAU or an equivalent set-up be present anytime a general anesthetic is being administered. A malignant hyperthermia kit is not mandatory unless use of a triggering agent is planned.

c. Incapacitated Anesthesiologist

During a procedure should the anesthesiologist become incapacitated, the following shall occur:

The surgeon or his or her designee will break scrub and telephone the administrative offices of RAA.

The RAA medical practice coordinator will contact the anesthesiologist on call according to the emergency protocol (see Appendices Section 26).

The anesthesiologist on call will then instruct the surgeon or his/her designee on what ministrations to undertake until the RAA anesthesiologist on call or a designee can arrive at the scene. If the patient is unstable or the comfort level of the staff precludes such efforts then all anesthetic infusions or inhalants will be discontinued and 911 will be dialed to contact emergency services and the patient will be brought to the closest hospital.

All staff will receive direction from the surgeon or his/her designee until arrival of anesthesiologist or until the patient has been transferred to the hospital.

4. Recovery

Recovery from anesthesia shall be monitored by the anesthesiologist or other practitioner, not simultaneously involved in the surgical procedure, who is trained in Advanced Cardiac Life Support and/or, if appropriate Pediatric Advanced Life Support. A qualified practitioner using criteria appropriate for the level of anesthesia shall evaluate recovery from anesthesia.

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- vi. Date, time and location of the follow-up visit or return visit
- vii. Designated place to go for treatment in the event of an emergency

d. Each patient shall be released only into the custody of a responsible adult.

[Dr. Robert Leventhal Letter]

December 13, 2002

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West Main Medical, LLC
c/o Yamin & Grant, LLC
182 Grand Street
Suite 417
Waterbury, CT 06702

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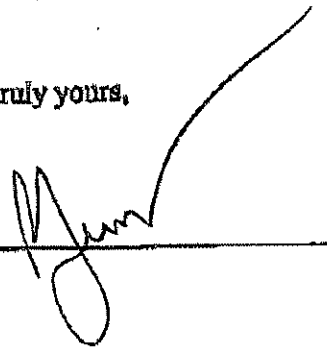
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Very truly yours,



Agreed and Accepted:
West Main Medical, LLC

By: _____
Joseph P. Yamin
_____, duly authorized

Naugatuck Valley Gastroenterology Consultants
Register QuickReport
 All Transactions

iis

Type	Date	Num	Memo	Account	Clr	Split	Amount	
#								
Check	9/13/2002	14471		Fleet Bank	X	Architect	(1,500.00)	.70
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Architect fees

3:54 PM
 06/23/03
 Accrual Basis

Naugatuck Valley Gastroenterology Consultants
Register QuickReport
 July 1, 2002 through June 23, 2003

Type	Date	Num	Memo	Account	Clr	Split	Amount
American Express Business Finance							
Check	2/28/2003	15464		Fleet Bank		Endoscope Le...	(1,302.99)
Check	3/28/2003	15639		Fleet Bank		Endoscope Le...	(1,302.99)
Check	4/26/2003	15808		Fleet Bank		Endoscope Le...	(1,302.99)
Check	6/4/2003	16015		Fleet Bank		Endoscope Le...	(1,302.99)
Total American Express Business Finance							<u>(5,211.96)</u>
TOTAL							<u><u>(5,211.96)</u></u>

Endoscope lease



Naugatuck
Valley
Gastroenterology
Consultants, LLC.

ROBERT I. LEVENTHAL, MD
THOMAS A. ROCKOFF, MD
171 Grandview Avenue
Suite 101
Waterbury CT 06708
203.756.6422 OFFICE
203.756.2448 FACSIMILE

PAOLO MAPELLI, MD
133 Suovill Street
Suite 206
Waterbury CT 06706
203.575.0112 OFFICE
203.575.0068 FACSIMILE

RICHARD KILEY, MD
86 Franklin Street
Waterbury CT 06706
203.755.2550 OFFICE
203.597.3568 FACSIMILE

FAX COVER SHEET

nvgc@juno.com E-MAIL
www.nvgi.com WEB

Date: 6/30/03

SENT TO: Steven Lazares

FAX NUMBER: 1-860-418-7053

FROM: Linda @ Dr. Leventhal's office

RECEIVED
2003 JUN 30 PM 1:17
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Message:

Total number of pages including the cover sheet: 10

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REAL ESTATE SALES AGREEMENT

AGREEMENT made this 7th day of April, 2003, by and between WEST MAIN MEDICAL, LLC, of the Town of Waterbury, County of New Haven and State of Connecticut (the "SELLER"), and Dr. Robert Levanthal with a present business located at 171 Grandview Avenue, Waterbury, Connecticut (the "BUYER").

1. PROPERTY. In consideration of the purchase price hereinafter specified, the SELLER will sell and convey to the BUYER, and the BUYER will purchase from the SELLER, the real property and improvements thereon consisting of 8,200 square feet of professional medical office space located at 1312 West Main Street, Waterbury, Connecticut a/k/a the Park Manor Convalescent Home (the "Space"), which is more particularly described in the Architectural Design Magic Medical Office Building Drawings, dated December 6, 2002, prepared for and on BUYER's behalf and which shall be part of a condominium association.

2. PRICE. The purchase price is **ONE MILLION SIXTY SIX THOUSAND DOLLARS (\$1,066,000.00)**, payable as follows:

- (a) **FIFTY THREE THOUSAND DOLLARS (\$53,000.00)**, upon the signing of this agreement, which deposit shall be made payable to Yamin & Grant, LLC, as trustee, held in escrow and is refundable if conditions and contingencies are not satisfied; and
- (b) BUYER shall pay and satisfy the entire balance due of the above-referenced purchase price at the time of closing by cashier's check or bank draft in the amount of **ONE MILLION THIRTEEN THOUSAND DOLLARS (\$1,013,000.00)**.

3. CLOSING. The closing of title (the "Closing") will take place at the office of Yamin & Grant, LLC, 182 Grand Street, Suite 417, Waterbury, Connecticut, 06702 or at a place mutually agreed upon by the parties within thirty (30) days of the satisfaction of all contingencies contained herein.

4. ADJUSTMENTS. The amount payable at the closing shall be adjusted by the apportionment as of the closing date, in accordance with the custom of the Town and any other taxing district in which the Premises are situated, of any of the following items, whether paid in full or not, which are not delinquent as of the Closing date:

- (a) Taxes of such Town and district on the List of October 1, 2002. (If any taxes to be apportioned have not been determined as of the Closing date, such apportionment shall be based on the last available rate and valuation);
- (b) Any fixed rate water charges. (If any water charges to be apportioned have not been determined as of the Closing date, such apportionment shall be based on the last available rate and valuation);
- (c) Interest on any sewer, water or other municipal improvement lien. (If any interest on any sewer, water or other municipal improvement lien to be apportioned have not been determined as of the Closing date, such apportionment shall be based on the last available rate and valuation); and
- (d) Any other adjustments as are customary in the Town in which the Property is located.

5. **TITLE; CONVEYANCE.** The SELLER will convey to the BUYER at the closing a good and marketable title to an indefeasible estate in fee simple in and to the Property, subject only to the exceptions to the title set forth herein. Such conveyance will be made by warranty (or fiduciary, if applicable) deed in the usual form according to Connecticut practice. The deed shall be delivered, duly executed, to the BUYER at the Closing upon the payment of all sums to be then paid by the BUYER and shall be prepared by the SELLER at their expense. The SELLER shall pay all Conveyance Taxes required. Opinion of title, signed by a Connecticut attorney, will be provided by BUYER, at his expense.

If the SELLER is unable to convey to the BUYER at the Closing a good and marketable title to the Premises as aforesaid, the BUYER will have the option of (a) closing the transaction herein contemplated on the terms herein provided and accepting, in full satisfaction of the SELLER obligation hereunder, such title as the SELLER can convey, or (b) canceling this agreement, in which event the SELLER shall repay to the BUYER all sums theretofore paid on account of the purchase price provided, however, that, before the BUYER shall have the right to exercise option (b) of this Article, if requested by the SELLER on or before the closing date, the Closing shall be postponed for such period not exceeding sixty (60) days as the SELLER may request in order to afford them an opportunity to remedy the alleged defect or defects claimed as the basis for such cancellation. Nothing shall constitute an

encumbrance, lien or exception to title for the purposes of this agreement if the current standards of title of the Connecticut Bar Association recommends that no corrective or curative action is necessary in circumstances substantially similar to those presented by such encumbrance, lien or exception to title.

6. **EXCEPTIONS TO TITLE.** The Premises will be conveyed by the SELLER and accepted by the BUYER subject to the following:

- (a) Any state of facts which a physical inspection or accurate survey of the Premises might disclose, provided that such survey does not disclose a violation of the applicable zoning regulations;
- (b) Any restrictions and limitations now existing or hereafter imposed by governmental authority, including inland wetlands, tidal wetlands, and coastal area management laws and regulations, and building regulations of the Town in which the Premises are situated, provided there are not violations thereof as of the Closing date;
- (c) Taxes, not delinquent as of the Closing date, of the Town and any other taxing district in which the Premises are situated (which taxes the BUYER will assume and agree to pay in the deed of conveyance heretofore referred to);
- (d) Any balance, not delinquent as of the Closing date, of any sewer, water or other municipal improvement lien (which balance the "BUYER" will assume and agree to pay in the deed of conveyance heretofore referred to), if assumption of said lien is permitted by the Town;
- (e) Any riparian or littoral rights of others, common law or statutory, in or to any stream or other body of water adjoining or passing through the Premises;
- (f) Assessments which may on or after the date hereof be levied against or become a lien on the Premises for any municipal improvement.

7. **OCCUPANCY AND RENT.** This provision not applicable.

8. **UTILITIES.** The SELLER will pay for all utilities furnished to the Premises to the date of Closing, except any to be apportioned as an adjustment to the sale price.

9. **CONDITION OF PREMISES.** The BUYER shall purchase the property "as is", except for SELLER's construction obligations as set forth on the following construction plans and renderings, which are incorporated herein by reference:

1. Architectural Design Magic Medical Office Building Drawings, dated December 31, 2002, consisting of A1 (Floor Plan), A2 (Elevation), A3 (Building Sections), A4 (Wall Sections) and S1 (Foundations and Framing);

2. Alternate Site Plan prepared for West Main Medical, LLC, by Meyers Associates, P.C., dated _____; and
3. Complete demolition and asbestos abatement in accordance with all applicable governmental regulations and certified and approved by the State of Connecticut.

Seller shall perform all of its construction in a workman-like manner and consistent with the above referenced and incorporated construction documents.

10. MAINTENANCE OF PREMISES AND GROUNDS. Through the period between the date of this agreement and the date of Closing, the SELLER shall maintain the property covered by this Agreement as it presently exists.

11. FINAL INSPECTION. The BUYER will have the right to make a final inspection of the Premises at any reasonable time prior to the closing.

12. RISK OF LOSS. The SELLER will bear the risk of loss or damage to the Premises by fire or otherwise until the delivery of the deed. Throughout the period between the date of this agreement and the Closing date, the SELLER will maintain all existing fire and extended coverage insurance on all buildings on the Premises. If any of the buildings are destroyed or damaged by fire or other casualty, and are not restored to their present condition prior to the date of Closing, the BUYER will have the option of either (a) accepting title to the Premises and receiving the benefits of all insurance monies recovered on account of such destruction or damage (up to the amount of the purchase price set forth in Article 2 hereof) or (b) rescinding this agreement, in which latter case all sums theretofore paid on account of the purchase price shall be returned to the BUYER; provided, however, that before the BUYER shall have a right to exercise option (b) of the Article, if requested by the SELLER, on or before the Closing, the Closing shall be postponed for such period not exceeding sixty (60) days as the SELLER may request in order to afford them an opportunity to repair such damage.

13. POSSESSION. The SELLER will deliver exclusive possession of the Premises, and all keys, to the BUYER at the closing.

14. AFFIDAVIT. SELLER agrees to execute an affidavit or certification to induce a title insurance company to issue a policy of title insurance on the Premises concerning mechanic's liens,

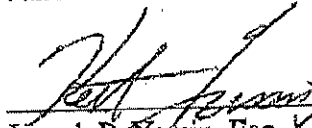
STATE OF CONNECTICUT)
)
COUNTY OF NEW HAVEN)

ss: Waterbury

Date: April 7, 2003

Joseph Yamin

Before me, personally appeared, ~~Mark Albini~~, who acknowledged the execution of the foregoing instrument to be his free act and deed and the free act and deed of West Main Medical, LLC.



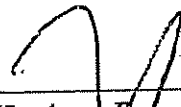
Joseph P. Yamin, Esq. Keith P. Zanni
Commissioner of the Superior Court

STATE OF CONNECTICUT)
)
COUNTY OF NEW HAVEN)

ss: Waterbury

Date: April 7, 2003

Before me, personally appeared, Robert Levanthal, who acknowledged the execution of the foregoing instrument to be his free act and deed.



Mark Harrison, Esq.
Commissioner of the Superior Court

15704

FLEET BANK
P.O. BOX 1075
HARTFORD, CT 06101

4/7/2003

NAUGATUCK VALLEY
GASTROENTEROLOGY CONSULTANTS, LLP.
ROBERT LEVENTHAL, M.D.
171 GRANDVIEW AVE., SUITE 101
WATERBURY, CT 06708



PAY
TO THE
ORDER OF

Yamin and Grant LLC.

\$ **53,000.00

Fifty-Three Thousand and 00/100***** DOLLARS

Yamin and Grant LLC.
Grand Professional Bldg.
Suite 417
182 Grand St.
Waterbury, Connecticut 06702

MEMO

[Handwritten Signature]
AUTHORIZED SIGNATURE

⑆015704⑆ ⑆0190057⑆ 94016 4309⑆ ⑆0005300000⑆

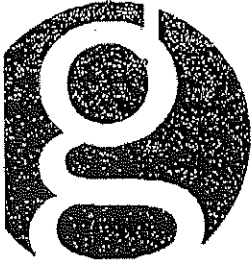
Security features Details on back

POST
OFFICE
SOUTH BRITAIN

0710
POST OFFICE
SOUTH BRITAIN
0710

013 7563

FOR DEPOSIT ONLY
YAMIN & GRANT



Naugatuck
Valley
Gastroenterology
Consultants, LLC.

ROBERT I. LEVENTHAL, MD
THOMAS A. ROCKOFF, MD

171 Grandview Avenue
Suite 101
Waterbury CT 06708

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RICHARD KILEY, MD

56 Franklin Street
Waterbury CT 06708

203.755.2550 OFFICE
203.597.3568 FACSIMILE

nvgc@juno.com E-MAIL
www.nvgc.com WEB

FAX COVER SHEET

Date: 6/27/03

SENT TO: Steven Lazarus

FAX NUMBER: _____

FROM: Linda Terry - R Leventhal, MD

Message:

RECEIVED
2003 JUN 30 AM 8:14
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Total number of pages including the cover sheet: _____

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DEC-17-2002 13:27
DEC-13-2002 14:45

YAMIN & GRANT LLC
YAMIN & GRANT LLC

2035731131 P.02/03
2035731131 P.02/03

[Dr. Robert Leventhal Letter]

December 13, 2002

This is the only purchase and sale agreement.

Joseph Yamin
West Main Medical, LLC
c/o Yamin & Grant, LLC
182 Grand Street
Suite 417
Waterbury, CT 06702

Re: 1312 West Main Street, Waterbury, Connecticut

Dear Joe:

This letter shall set forth the terms and conditions under which I and/or an affiliate (e.g. a limited liability company) (collectively, the "Buyer") will enter into a Purchase and Sale Agreement with the owner, West Main Medical, LLC, ("Seller") for the acquisition of 8,200 square feet at the above-referenced property:

1. Purchase Price - \$1,066,000;
2. Seller shall also perform Buyer's build-out as per existing plans and specifications previously supplied to Seller by Buyer's architect, Architectural Design Magic/Gary Sweet. The cost for such work shall be an additional \$57.00 per square foot and shall be specifically quoted per a proposal attached and made a part of the Purchase and Sale Agreement;
3. Purchase Deposit - \$100,000 payable upon the execution of the Purchase and Sale Agreement;
4. Subject Property - 8,200 square feet at 1312 West Main Street, Waterbury, Connecticut, the former Park Manor Convalescent Home (the "Property");
5. Contingencies - The Buyer's obligation to purchase the property will be subject to the following:

DEC-17-2002 13:27
DEC-13-2002 14:45

YAMIN & GRANT LLC
YAMIN & GRANT LLC

2035731131
2035731131

P.03/03
P.03/03

- (a) Receipt of Seller's governmental approvals/certifications that professional office space is an approved use at the Property.
- (b) A mortgage and construction/renovation financing contingency in the amount of \$1,226,720 at prevailing commercial interest rates and terms.
1,226,720.00
- (c) Receipt of a commitment for title insurance evidencing marketable title to the Property free and clear of all encumbrances and liens.
- (d) A Purchase and Sale Agreement shall be executed on or before December 23, 2002.
- (e) Review and approval of exterior design performed by Architectural Design Magic/Gary Sweet.

6. Closing - Closing shall occur within thirty (30) days after the satisfaction of all contingencies set forth herein. The Buyer shall pay the balance of the purchase price at Closing, provided, however, the build-out shall be paid as completed per an agreed upon schedule of values.

Closing will be 30 days after building is completed. est. time frame

This correspondence is not intended as a contract. Until such time that a Purchase and Sale Agreement and build-out proposal are mutually accepted and executed by both parties, no such liabilities or obligations shall arise.

Oct - Nov. 2003

This letter outlines the proposed terms of an agreement between Buyer and Seller for the Purchase and Sale Agreement. If the terms are acceptable to your client, kindly arrange execution of two (2) copies where indicated and return one (1) copy to me. This offer shall expire by its own terms on Tuesday, December 17, 2002 at 5:00 p.m.

Very truly yours,

[Handwritten Signature]

Agreed and Accepted:
West Main Medical, LLC

By:

[Handwritten Signature]
Joseph F. Yamin

duly authorized



Given Imaging Inc.
Oakbrook Technology Center
5555 Oakbrook Parkway, #355
Norcross, GA 30093
USA

Tel: 800-448-3644
+1-770-662-0870
Fax: +1-770-662-0510

Original
Page 1 of 1
Date 05/10/2002

Invoice No. 1030000685

Bill to:
 Naugatuck Valley Gastroenterology
 Robert Leventhal, M.D.
 171 Grandview Ave., Suite 101
 Waterbury CT 06708

Ship to:
 Naugatuck Valley Gastroenterology
 Robert Leventhal, M.D.
 171 Grandview Ave., Suite 101
 Waterbury CT 06708
 Tel. 203-756-6422

General details

Purchase Order No.:	393101	Currency:	USD
Purchase Order Date:	05/09/2002	Payment Terms:	Net due in 30 days
Packing List Number:	1020000642	Due Date:	06/09/2002
Sales Order Number:	1010000634	Incoterms:	PPA
Customer No.:	1767		

Given® Diagnostic Imaging System				
Item	Material & Description	Quantity	Unit Price	Amount
1	40012 GIVEN RAPID WORKSTATION (US)	1 EA	14,500.00 USD	14,500.00
2	20170 RAPID WORKSTATION REV. 1.0 (US)	1 EA		
3	20160 MONITOR 17" rev 02	1 EA		
4	10480 PRINTER HP 99DCXI	1 EA		
5	20180 SYSTEM ACCESSORY PACKAGE REV.4.0	1 EA		
6	40000 GIVEN DATA RECORDING KIT	2 EA	5,450.00 USD	10,900.00
7	20156 DATA RECORDER SET REV. 1.4	2 EA		
8	20056 RECORDER DATA REV. 1.5	2 EA		
Total Price				25,400.00
Total Freight costs				134.69
Total				25,534.69
Total Tax				0.00
Total due USD				25,534.69

INVOICE

A LATE CHARGE WILL BE ASSESSED 10 DAYS AFTER DUE DATE

ACCOUNT NUMBER: 453012
 INVOICE NUMBER: 453012030301

Address written inquiries to:

AMERICAN EXPRESS BUSINESS
 FINANCE

PO BOX 660631
 DALLAS TX 75266-0631

Page 1 of 1

Account Summary

Invoice Date	2/12/2003	Due Date	3/01/2003	Previous Balance	1,302.99	Payments Received	1,302.99	Credits Applied	0.
Description	40012 WORKSTATION KIT			Billing Reference					
DESCRIPTION	CURR MONTH	TOTAL							
Installment	1,224.51	1,224.51							
Property Insurance	52.04	52.04							
Liability Insurance	26.44	26.44							
Total	1,302.99	1,302.99							
PAY THIS AMOUNT								1,302.99	

Thank you for choosing American Express Business Finance. For Customer Service call (800)690-2225. For questions related to insurance call (800)310-9135. We offer fast convenient equipment financing and business capital loans, please call (888)989-9736 to apply or find out more. **Effective January 1, 2003 we no longer accept credit cards as a form of payment. **To insure accurate and timely application of payment to your account please be sure to include the tear-off stub portion of the invoice with your check.**

This invoice references lease 1637938K

MAKE CHECKS PAYABLE TO: AMERICAN EXPRESS BUSINESS FINANCE
 Detach Here - Keep Upper Portion for Your Records and Return Remittance Copy with Your Payment.



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

JOHN G. ROWLAND
GOVERNOR

MARY M. HEFFERNAN
COMMISSIONER

June 23, 2003

Robert Leventhal, M.D.
Naugatuck Valley Gastroenterology Center, LLC
171 Grandview Avenue
Suite 101
Waterbury, CT 06708

Re: CON Determination Number: 03-30093-DTR
Naugatuck Valley Gastroenterology Center, LLC

Dear Dr. Leventhal:

On June 5, 2003 the Office of Health Care Access ("OHCA") received Naugatuck Valley Gastroenterology Center, LLC's ("Applicant") letter concerning the CON Determination process for outpatient surgical facilities that are engaged in providing surgical services that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia.

OHCA requires additional information in order to fully determine whether the Applicant is an existing Outpatient Surgical Facility, a facility in development, or a facility that requires a Certificate of Need. As such, OHCA has initiated a Certificate of Need Determination process under Report Number 03-30093-DTR and requests the following:

- 1) Please complete the attached CON Determination Form (Form 2020B).
- 2) Attach the supporting documentation required by Form 2020B.
- 3) Attach the completed, and notarized, Affidavit given in Section IV of Form 2020B.

If you have any questions regarding this letter, please contact Steven Lazarus at (860) 418-7001.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Lazarus".

Steven Lazarus
Health System Development

Enc.



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020B**

"Any entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia defined from time to time by the American Society of Anesthesiologists, or by such other professional accrediting entity as recognized by the Department of Public Health"¹, requesting a determination as to whether a CON is required for an existing/proposed *Outpatient Surgical Facility* must complete this form. Please submit the completed form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. Petitioner Information

	Petitioner	Petitioner
Full legal name		
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail		
Petitioner type (e.g., P for profit and NP for Not for Profit)		
Name of Contact person, including title		
Contact person's street mailing address		

¹ Public Act 03-0274, "An Act Concerning Outpatient Surgical Facilities."

- Legal fees
- Down payment on equipment
- Other (please specify) _____
- Other (please specify) _____

d. To demonstrate that the Petitioner has made contractual arrangements/agreements with third party payers, provide copies of such and redact as necessary.

SECTION IV. Description of Existing Facility or Facility in Development

1. Provide a brief description of the facility.
2. Currently what types of procedures are being performed? Please list the procedures.
3. Referring to the definitions³ given below, check each level of anesthesia being used or proposed for use:

- Minimal Sedation
- Moderate Sedation/Analgesia ("Conscious Sedation")
- Deep Sedation/Analgesia
- General Anesthesia

Minimal Sedation is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesis ("Conscious Sedation") describes a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. The patient retains the ability to independently maintain his or her airway and to respond purposefully to verbal commands and/or tactile stimulation. Moderate Sedation and Analgesia is a state that allows patients to tolerate unpleasant procedures while maintaining adequate cardiorespiratory function and the ability to respond purposefully to verbal command and tactile stimulation. Those patients whose only response is reflex withdrawal from a painful stimulus are sedated to a greater degree than encompassed by sedation/analgesia.

Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

³ Source: American Society of Anesthesiologists, October 1999.

SECTION V. Affidavit

Applicant: _____

Facility Name: _____

I, _____,
(Name) (Position – President/Owner)

of _____ being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of
my

knowledge, and that _____ complies with the appropriate
(Facility Name)

and applicable criteria as set forth in Public Act 03-0274, "An Act Concerning
Outpatient Surgical Facilities."

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____



RECEIVED

2003 JUN -5 PM 12:55

STATE OF CONNECTICUT OFFICE OF HEALTH CARE ACCESS APPLICATION FOR EXEMPTION FROM CON PROCESS Form 2010

All persons who are requesting an exemption from the Certificate of Need process under the requirements of Connecticut General Statutes, Sections 19a-639(d), 19a-639(e), 19a-639b and 17a-678 must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

Table with 3 columns: Applicant One, Applicant Two, and a shared column. Rows include: Full Legal Name (Robert LEVENTHAL, M.D., PAOLO MARCELLI, M.D.), Doing Business As (Physician), Name of Parent Corporation (NAUGATUCK VALLEY Gastroenterology consultants), Mailing Address (171 Grandview Ave.), Applicant type (Profit / medical office endoscopy suite/center), Contact person (LINDA TERRY Administrator), Contact person's street mailing address (Same as Above), and Contact person's phone #, fax # and e-mail address ((203) 756-6422 (P), (203) 756 2448 (F), NVGISLAVE@AOL.com)

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title (i.e. use applicable state licensure categories):

Office Endoscopy Center

b. Location of proposal (Town including street address):

1320 WEST MAIN STREET WATERBURY CT 06708

c. List all the municipalities this project is intended to serve:

Middlebury Southbury → Southton Litchfield, Torrington Thorough
Woodbury, Chelsea → Ansonia, Bethany, Chelsea.

d. Estimated starting date for the project: OCT - NOV 2003

e. Provide a brief description of the proposal in the box below. Use a separate sheet if necessary.

We are intending to build 2 endoscopy rooms to offer full range of endoscopic services to the public. Currently planned with office based concourse location.

We have planned 2 separate rooms plus recovery + prep/cleaning room. Drive up + drop off area included.

Office will include 4 doctors + consult rooms and 8 exam rooms.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

Estimated Total Capital Expenditure: \$ \$ 500,000.00



Naugatuck
Valley
Gastroenterology
Consultants, LLC.

ROBERT I. LEVENTHAL, MD
THOMAS A. ROCKOFF, MD
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Waterbury, CT 06708
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203.575.0063 FACSIMILE

RICHARD KILEY, MD
56 Franklin Street
Waterbury, CT 06708
203.756.2550 OFFICE
203.597.3568 FACSIMILE

nvgc@juno.com E-MAIL
www.nvgc.com WEB

FAX COVER SHEET

Date: 6/5/03

SENT TO: Sue Cole

FAX NUMBER: _____

FROM: Linda - Dr. Robert Leventhal

RECEIVED
2003 JUN -5 AM 9:09
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

Message:

Total number of pages including the cover sheet: _____

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Jun-04-2003 11:24

From-OFFICE OF HEALTH CARE

8604187053

T-667 P.002/005 F-844



**State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020A**

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

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RECEIVED

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If there are more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below.

	Petitioner	Petitioner
Full legal name	Robert Leventhal, MD	Pablo Mapelli, MD
Doing Business As	Naugatuck Valley	Gastroenterology Cons. LLC
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	171 Grandview Ave. Suite 101 Waterbury, CT 06708	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	P
Name of Contact person, including title	Linda Terry	Administrator
Contact person's street mailing address	Same	
Contact person's phone, fax and e-mail address	(203) 756-6422 (203) 756-2448 NVG@SLAve@	seteb@aol.com

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Office Endoscopy Center and Medical Office

b. Location of proposal (Town including street address):

1320 West Main St. Waterbury, CT 06708

c. List all the municipalities this project is intended to serve:

Waterbury Waterbury, Southington Naugatuck, Middlebury Litchfield Torrington, Thomaston, Chesire, Bethany, Seymour, Ansonia

d. Estimated starting date for the project: Oct - Nov, 2003

e. Type of Entity: (Please check E for Existing and P for Proposed in all the boxes that apply)

E	P			Acute Care Hospital	E	P			Imaging Center	E	P			Cancer Center
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			Ambulatory Surgery Center	<input type="checkbox"/>	<input type="checkbox"/>			Primary Care Clinic
<input type="checkbox"/>	<input type="checkbox"/>			Behavioral Health Provider	<input type="checkbox"/>	<input type="checkbox"/>			Other (specify): <u>office</u>					
<input type="checkbox"/>	<input type="checkbox"/>			Hospital Affiliate	<input checked="" type="checkbox"/>				<u>endoscopy suite and medical office</u>					

SECTION III. CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$1,500,000.00 *8300 sq ft office space to include endoscopy suite*

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above) *NET Ambulatory Surgical Center*

New Construction/Renovations	\$ 1,066,000.00
Medical Equipment (Purchase)	40,000.00
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	50,000.00
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	200,000.00
Total Capital Cost	\$

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From-OFFICE OF HEALTH CARE

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T-667 P.004/005 F-844

3

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- Operating Funds Lease Financing Conventional Loan
 Charitable Contributions CHEFA Financing Grant Funding
 Funded Depreciation Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. Currently what types of procedures are being performed? Please list the procedures.
3. Are any additional procedures being proposed as a result of this request? If yes, please list.
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who will be the payers for this service?
7. Will you be charging your payers a facility fee?
8. Who is the owner of the surgery suite?
9. Will use of the surgical suite be restricted to the members of the physician practice?
10. Will the surgical suite be licensed as an ambulatory surgery center by DPH?



Naugatuck
Valley
Gastroenterology
Consultants, LLC

ROBERT I. LEVENTHAL, MD
THOMAS A. ROCKOFF, MD
171 Grandview Avenue
Suite 101
Waterbury CT 06708

203.756.6422 OFFICE
203.756.2448 FACSIMILE

PAOLO MAPELLI, MD
133 Scovill Street
Suite 206
Waterbury CT 06706

203.575.0112 OFFICE
203.575.0063 FACSIMILE

RICHARD KILEY, MD
56 Franklin Street
Waterbury CT 06706

203.756.2550 OFFICE
203.597.3568 FACSIMILE

nvgc@juno.com E-MAIL
www.planotgi.com WEB

June 4, 2003

Naugatuck Valley Gastroenterology Consultants is a private practice limited to the practice of Gastroenterology and Hepatology. We are located at 171 Grandview Ave. Suite 101 Waterbury, CT. Our new office address will be 1320 West Main Street Waterbury, CT.

NVGC is a 3 Doctor practice with 14 employed has been in existence since 1995. Our new facility will be 8300 square feet. This office will include space for 4 physicians, 8 exam rooms, chart room and the business office. Attached will be a 2-room endoscopy suite.

All of our patients will be seen in this office and some of the endoscopic procedures will be performed here as well. We will have it staffed with nurses and endoscopy technicians.

We perform all types of endoscopic exams. Endoscopy with biopsy, polyp removal, control of bleeding and even emergency foreign body removal. Also Colonoscopy with biopsy, polyp removal and control of bleeding. Our equipment consists of Endoscopes both upper and lower, which will be leased by Olympus Corporation. We will also require electrocoagulation equipment (ERBE or Valley Lab), and Sterilizers from Steris Corporation. There will also be miscellaneous equipment as well.

The area our group serves stretches from Southbury, Newtown, and Bethelchem to the West; Ansonia, Stratford, Bethany to the South; Southington, Cheshire, and even Bristol to the west; Litchfield, Torrington and Thomaston to the North.

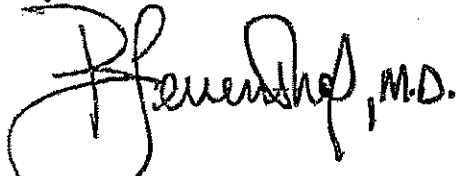
The payors for the services we provide are Healthnet, Medicare, Title XIX, Oxford, Aetna/ US Healthcare, Blue Cross and Cigna, to name a few. We will not be charging a facility fee if possible. The details have not been finalized as of yet.

Our suite is restricted to our office and our doctors it is NOT an Ambulatory Surgical Center.

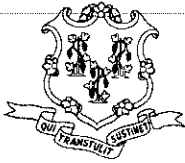
The project is being funded by Small business loan Corp and Webster Bank. With this project we will add 2 Doctors, 2 physician extenders, 2 - 3 technicians, 1 full time nurse, and 4 -5 per diem nurses.

The property will be owned by CSM Realty, which is a real estate LLC that is owned by the partners of the medical practice, Dr. Robert Leventhal and Dr. Paolo Mapelli.

Any further information needed please contact me at the above number. Thank you.



Robert I. Leventhal, M.D., F.A.C.P.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

February 20, 2014

VIA FACSIMILE ONLY

Robert Leventhal, MD
Medical Director
Naugatuck Valley Endoscopy Center, LLC
1312 West Main Street
Waterbury, CT 06708

RE: Certificate of Need Determination Report Number 14-31900-DTR
Naugatuck Valley Endoscopy Center, LLC

Dear Dr. Leventhal:

On February 18, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form on behalf of Naugatuck Valley Endoscopy Center, LLC ("Petitioner" or "Center") with respect to admission of additional physician members and one operating room.

The Petitioner is a licensed outpatient endoscopy facility that provides endoscopy and colonoscopy procedures. There are currently four physicians that have an ownership interest in the Center in varying percentages ("Physician Owners"). The Physician Owners are seeking to allow five additional Connecticut licensed physicians to become owners of the Center and provide certain additional services. The change in ownership will not result in a change of control because the Physician Owners will retain a 75% interest in the Center.

The Petitioner also wishes to add one additional operating room in order to expand the provision of services at the Center to include urological services. The proposal to expand services and fit out its operating rooms will require one refurbished OEC 9600 C-arm, non-medical supplies, and Olympus medical equipment.

Connecticut General Statutes § 19a-638(a)(2) requires CON authorization for the "transfer of ownership of a health care facility". However, Connecticut General Statutes § 19a-493b(c) provides an exception for outpatient surgical facilities whose Connecticut licensed physician members will maintain a controlling 60% ownership after a transfer of interest in a facility. Since the Physician Owners will maintain a 75% interest in the Center, OHCA hereby determines that a CON **is not required** for the proposed sale.

Connecticut General Statutes § 19a-638(a)(13) requires CON authorization for "[a]n increase of two or more operating rooms within any three-year period...by an outpatient surgical facility...". The Petitioner has not added any additional operating rooms since it opened in 2003 and is now seeking to add only one additional operating room. Therefore, OHCA hereby determines that a CON **is not required** for the addition of one operating room.

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)
410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

Connecticut General Statutes § 19a-638(a) does not require CON authorization for the addition of services to a health care facility. Therefore, OHCA hereby determines that a CON *is not required* for the addition of services to be provided at the Center.

Connecticut General Statutes § 19a-638(a)(9) requires CON authorization for the “acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, ...by any person, physician, provider, short-term acute care general hospital...”. The OEC 9600 C-arm proposed for purchase by the Petitioner is not a computed tomography scanner, magnetic resonance imaging scanner, positron emission tomography scanner or positron emission tomography-computed tomography scanner. Therefore, CON authorization *is not required* for its acquisition.

Sincerely,



Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

FAX HEADER:

TRANSMITTED/STORED FILE MODE	FEB. 20. 2014 3:41PM OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
 E-1) HANG UP OR LINE FAIL
 E-3) NO ANSWER
 E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



**STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF HEALTH CARE ACCESS**

FAX SHEET

TO: ROBERT LEVENTHAL, M.D.

FAX: 203-756-2488 2448

AGENCY: NAUGATUCK VALLEY ENDOSCOPY CENTER, LLC

FROM: OHCA

DATE: 2/20/14 **Time:** _____

NUMBER OF PAGES: 3
(including transmittal sheet)

Comments:

Determination for Report Number: 14-31900-DTR

PLEASE PHONE Barbara K. Otejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 Fax: (860) 418-7053

**410 Capitol Ave., MS#13HCA
 P.O.Box 340308
 Hartford, CT 06134**