



July 24, 2015

Via Hand Delivery

Mr. Steven Lazarus
Office of Health Care Access
410 Capitol Ave.
MS #13HCA
Hartford, CT 06134-0308

Re: Constitution Surgery Center East, LLC-Certificate of Need Determination Request for Relocation of Facility

Dear Steve:

Enclosed please find a completed CON Determination Form with respect to the above-referenced outpatient surgical facility's request for a determination that no certificate of need is required for its relocation to a new site on the same street where the facility is currently located in Waterford, Connecticut.

Please do not hesitate to contact me with any questions or if you require additional information.

Sincerely,

John D. Newman

cc: Elizabeth Windhom, R.N.



**State of Connecticut
Office of Health Care Access
CON Determination Form
Relocation of a Health Care Facility**

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. 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 Constitution Surgery Center East, LLC	X	
Doing Business As Constitution Surgery Center East, LLC		
Name of Parent Corporation n/a		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail 174 Cross Road, Waterford CT 06385		
What is the Petitioner's Status: P for profit and NP for Nonprofit P-profit		
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. Elizabeth Windhom, R.N., BSN		

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail 174 Cross Road, Waterford, CT 06385		
Contact Person's Telephone Number 860-701-0140		
Contact Person's Fax Number 860-701-0161		
Contact Person's e-mail Address BettyWindhom@CSCus.net		

SECTION II. INFORMATION ON PROPOSED RELOCATION

Please provide a description of the proposed relocation, 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.

See attached.

Name of the Health Care Facility:

Current Location:

Proposed Location:

Current Population Served:

Proposed Population Served:

Current Payor Mix:

Proposed Payor Mix:

Any other information that the Petitioner deems relevant:

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Constitution Surgery Center East, LLC.

Project Title: Facility Relocation.

I, Elizabeth Windhom, Administrator
(Name) (Position – CEO or CFO)

of Constitution Surgery Center East, LLC being duly sworn, depose and state that the
(Organization Name)

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

Elizabeth Windhom 7/22/15
Signature Date

Subscribed and sworn to before me on July 22, 2015

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: X

CONSTITUTION SURGERY CENTER EAST, LLC-CERTIFICATE OF NEED DETERMINATION REQUEST FOR RELOCATION OF FACILITY- PROJECT OVERVIEW AND ADDITIONAL INFORMATION

The Constitution Surgery Center East, LLC (the Facility”) is requesting a determination that no certificate of need is required for its relocation to a new building to be constructed on a parcel of real estate proximate to its current location at 140 Cross Road, Waterford, Connecticut. This relocation is being undertaken to allow for the development of a new physical plant for the Facility to better accommodate the patients of the Facility and to provide for a more effective configuration of space, all so as to promote the efficient provision of care by the Facility.

The proposed new location for the Facility will be in a building to be built on currently undeveloped land identified as Lot A, consisting of approximately 13.8 acres at 140 Cross Road, Waterford, Connecticut.

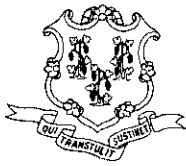
The Facility currently provides ophthalmic and orthopedic ambulatory surgery services to patients in Waterford and neighboring communities. There will be no change in the Facility’s services or the population served by the Facility as a result of the relocation.

The Facility’s payor mix for 2014, its most recently completed full calendar year of operations, is as set forth below.

The Applicant believes this relocation will allow for an enhanced design of the Facility’s physical plant promoting more effective delivery of services to its patients. The relocation will result in only a modest physical relocation of the Facility to a new building on the very street at which the Facility is currently located. The relocation will not have any impact on the Facility’s scope of services, payor mix or patient population.

CONSTITUTION SURGERY CENTER EAST CALENDAR 2014 PAYOR MIX

PAYOR	CASE TOTAL	PERCENTAGE OF TOTAL
PAYOR		
Medicare	2,929	52%
Medicaid	218	4%
Commercial	2,103	37%
Workers		
Comp	397	7%
Self Pay	11	0%
TOTALS	5,658	100%



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

July 31, 2015

VIA FACSIMILE ONLY

Elizabeth Windhom, R.N., BSN
Constitution Surgery Center East, LLC
174 Cross Road
Waterford, CT 06385

RE: Certificate of Need Determination Report Number 15-32018-DTR
Relocation of Constitution Surgery Center East, LLC

Dear Ms. Windhom:

On July 28, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Constitution Surgery Center East, LLC ("Petitioner") with respect to its relocation.

The Petitioner is an outpatient surgical facility that currently provides ophthalmic and orthopedic ambulatory surgery services at 174 Cross Road, Waterford, Connecticut. The Petitioner currently serves patients in the Town of Waterford and neighboring communities. The Petitioner's payer mix consists of the following: 52% Medicare; 4% Medicaid; 37% Commercial; and 7% Workers Compensation. The Petitioner plans to relocate to 140 Cross Road, Waterford, Connecticut. After the relocation their will be no change to the population or payer mix currently being served by the Petitioner.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, *no CON is required*.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim M.", written over a horizontal line.

Kimberly R. Martone
Director of Operations

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

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

* * * COMMUNICATION RESULT REPORT (JUL. 31. 2015 10:23AM) * * *

FAX HEADER:

TRANSMITTED/STORED :	JUL. 31. 2015 10:22AM	FILE MODE	OPTION	ADDRESS	RESULT	PAGE
204	MEMORY TX			98607010161	OK	2/2

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: ELIZABETH WINDHOM, RN, BSN

FAX: 860-701-0161

AGENCY: CONSTITUTION SURGERY CENTER EAST, LLC

FROM: OHCA

DATE: 7/31/15 **Time:** _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments: Determination for DN: 15-32018-DTR regarding Relocation is attached.

PLEASE PHONE Barbara K. Olejarcz 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**